



2014 Annual Report

Washington County



Public Health

Prevent. Promote. Protect.

Washington County Public Health Nursing Service

Preventive & Family Health Services

Bio-terrorism & Disaster Preparedness

Women, Infants & Children Program

www.washingtoncountyny.gov

**Washington County Public Health
Nursing Service is proud to
present the Annual Report
for the year 2014.**

**We have moved forward and towards
accomplishing higher standards with our
Mission and Goals**



Public Health & Preventive Mission Statement

By partnering with the family and community, Washington County Public Health Service has a commitment to maximize the quality of life for all – through intervention to eliminate the causes of poor health, education to improve health of families and the community and provision of support necessary to maintain a healthy Washington County.

Women, Infants & Children Mission Statement

Washington County WIC Program is committed to improving the nutrition and health status of women, infants and children by providing nutritious foods, nutrition and health education and referrals to health and human service providers for all eligible families within Washington County.

RESPONSIBILITIES OF THE PUBLIC HEALTH SYSTEM

All programs are in collaboration and support of each other

PUBLIC HEALTH

- ◆ Prevent epidemics and the spread of disease
- ◆ Prevent injuries
- ◆ Promote and encourage healthy behaviors
- ◆ Respond to disasters and assist communities in recovery
- ◆ Assure the quality and accessibility of health services
- ◆ To provide health care education for individuals, families and our community

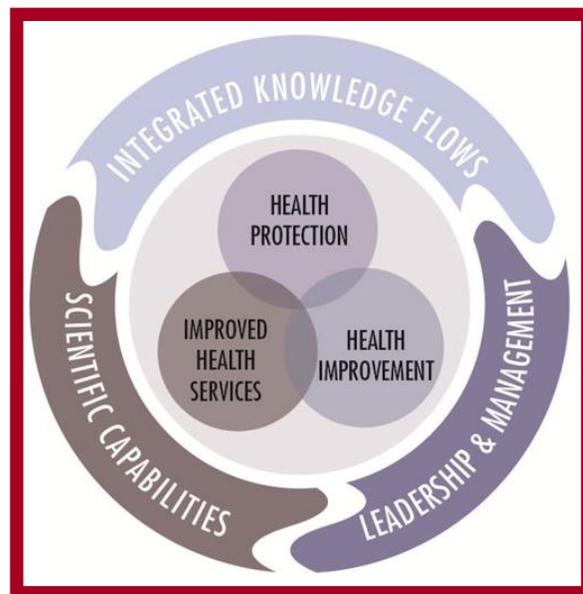
WOMEN, INFANTS & CHILDREN

- ◆ To provide nutritious supplemental foods to eligible women, infants and children
- ◆ To improve prenatal health and birth outcomes
- ◆ To promote breast feeding as the preferred infant feeding method
- ◆ To promote physical activity at all age levels
- ◆ To promote healthy eating habits through the Eat Well Play Hard initiative
- ◆ To link families with health and human service providers

Core Functions of Public Health Agencies

- **Assessment:** regular, systematic collection, assembly, analysis and distribution of information on the health of the community, including statistics on health status, community health needs and epidemiological and other studies of health problems.
- **Policy Development:** Using the scientific knowledge base in decision making about public health and taking a strategic approach to leadership for public health policy with a positive appreciation for the democratic political process.
- **Assurance:** Engaging policy makers and the public in determining those services that will be guaranteed to every member of the community, and making services necessary to achieve agreed upon goals available by encouraging action by public and private entities implementing regulatory requirements, or directly providing services.

(4) Adapted from The Future of Public Health, Institute of Medicine, National Academy Press, 1988



A subcommittee of the Washington County Board of Supervisors constitutes the **Health & Human Services Committee** and advises the full Board of Supervisors regarding Health & Human Services concerns. We appreciate the direction and services provided by the 2014 Health & Human Services Committee Members:

Mr. John LaPointe, Chairman

Mr. Brian Campbell

Ms. Sara Idleman

Mr. Seth Pitts

Ms. Darlene Dumas

Ms. Cassie Fedler

Mr. George Gang

We also thank:

Mr. James Lindsay, Board Chairman

Mr. John LaPointe, Vice-Chairman

Mr. Brian Campbell, Budget Officer

Mr. Kevin Hayes, County Administrator

Mr. Roger Wickes, County Attorney

Ms. Melissa Moulthrop, Personnel Officer

Mr. William Cook, Emergency Services Director, Mr. Jonathan Pease, Deputy EMS Director, and Mr. Philip Spiezio, Safety Officer, for their collaboration and assistance in All Hazards Preparedness planning.

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2014 Annual Report

Purpose: To make recommendations to the governing authority on professional issues, including the adequacy and appropriateness of services based on an assessment of health care services in the community, patient's needs, available reimbursement mechanisms and availability of qualified personnel. The Agency Evaluation shall consist of:



- A) An overall policy and administrative review to include the extent to which the agency:
- ✓ Meets service area needs, including under-serviced geographic areas;
 - ✓ Meets the needs of special populations, including persons with intense service needs mentally, cognitively or physically disabled persons, and financially indigent persons; and
 - ✓ Coordinates patient care services provided by other community agencies and organizations; and
- B) A review of the results and outcomes of the clinical record reviews (Quality Assurance/Improvement and Utilization Review).

It may also serve to:

- 1) Provide public record of individual program statistics and outcomes;
- 2) Display trends and/or deficits thereby monitoring change; and
- 3) Provide measures for comparisons.

DIRECTOR'S MESSAGE

Welcome to Washington County Public Health! 2014 brought the first year of operation of the Public Health Department without the home care divisions (Certified Home Health Agency, Long Term Home Health Care Program, and Hospice) divested in late 2013.

This was a year of training and “right sizing” for the Department. The experienced professional and business staff was a tremendous asset as we focused on issues related to population health, health care transformation via the Delivery System Reform Incentive Payment (DSRIP) transition, Community Health Improvement Planning and Intervention and Preschool Special Education Services.

This year saw a reinvigoration of staff, who passed through the “storm of change” of the last 2 years. Many have reinvented themselves and have brought renewed vigor and fresh perspectives to our programs and our mission.

We continue to engage and partner with other county departments and community partners as we all continue to do more with less and work for the greatest potential benefit of our county communities. We will look to all sectors to build a culture of health and wellbeing to affect our businesses, our towns and villages, and our most important resource – our people!

We continue our partnerships with community agencies, county agencies and medical providers throughout the entire region to improve the quality, accessibility and efficiency of general and preventive health care. These partnerships are one of our greatest assets. These partnerships and relationships have grown and been strengthened by the New York State Department of Health DSRIP process. This encompasses a nine county region including Washington County, and is being directed by the Adirondack Health Institute. We will all need to work effectively together to create the new health care environment in which we will collaboratively operate. Washington County Public Health has been fully engaged in this process.

This is our 2014 Agency report to you, our leaders and consumers. The report, describes in detail, our challenges and our very proud accomplishments for 2014. I am very proud of all of the staff at Washington County Public Health. These dedicated, hard-working and committed professions have my respect and deepest appreciation and gratitude for all they do to make a difference.

We continue to be motivated by continuously striving to put our communities first and to make Washington County a healthier place to live, work, learn, play and visit!

PROFESSIONAL ADVISORY COMMITTEE

The Professional Advisory Committee consists of a group of professional personnel, including one or more physicians, registered professional nurses, representatives from therapies and other professional organizations as well as at least one “consumer” who is either eligible to receive or has received services. Their purpose is to advise the Agency on professional issues, participate in the evaluation of Agency programs and assist the Agency in maintaining liaisons with other health care providers.

We express our appreciation to the following 2014 members for their commitment and advice at our quarterly meetings:

Philip Gara, MD, Medical Director

Diana Boschi, Empire Home Infusion

Beth Bruno, RN, Director of Home & Community Services, Fort Hudson Nursing Home

Marie Capezzuti, Infection Control Nurse, Bioterrorism Coordinator

Christine Cervone-Murphy, RN, Home Care of Rochester

Mary Dormandy, Director, Home Care of Rochester

Carol Finke, Patient Care Coordinator, High Peaks Hospice

Patricia Godnick, Case Manager, Glens Falls Hospital

Marion Jessen, Community Representative

Kathy Jo McIntyre, Assistant Director of Public Health

Debra Pauquette, Holbrook’s Adult Home

Theresa Roberts, Supervising Public Health Nurse

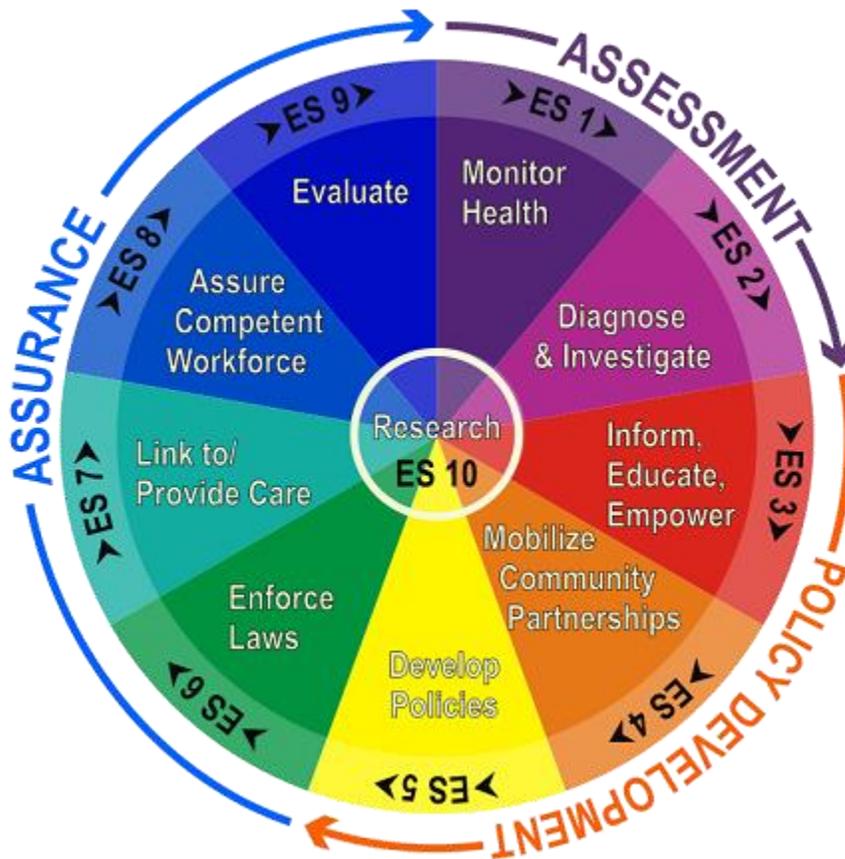
Lottie Jameson, Director, Adirondack Health Institute

Suzanne Smith, Interim Health Care

Public Health & Preventive Health Care Services

These services are based on the 10 Essential “Key” Public Health Functions:

- 1) Monitor the health status to identify community health problems.
- 2) Diagnose and investigate health problems and health hazards in the community.
- 3) Inform, educate, and empower people about health issues.
- 4) Mobilize community partnerships to identify and solve health problems.
- 5) Develop policies and plans that support individual and community health efforts.
- 6) Enforce laws and regulations that protect health and ensure safety.
- 7) Link people to needed health services and assure the provision of health care when otherwise unavailable.
- 8) Assure a competent public health and personal health care workforce.
- 9) Evaluate effectiveness, accessibility, and quality of personal and population based health services.
- 10) Research for new insight and innovative solutions to health problems.



Health Services Unit Summary

	2014	2013	2012	2011	2010
Well Child / Immunization Clinic Visits	255	263	588	737	849
Well Child / Immunization Clinics Held	51	44	74	71	78
Well Child / Immunization Doses Administered	136	182	553	599	754
Lead Screening Program – Children Screened	1,161	1,036	1,011	1,035	947
Lead Screening Program – Home Visits / Case Follow-Up	23	6	5	4	3
Flu Clinics	6	9	8	10	12
Flu Vaccines Administered	121	254	372	545	632
Pneumococcal Administered	0	3	3	6	4
Tuberculosis – Active TB Cases	1	0	0	0	0
Maternal Child Health Patients	293	293	232	294	341
Maternal Child Health Home Visits	587	637	541	659	914
MOMS Participants	51	42	28	56	74
MOMS Clinic Visits	41	58	42	87	115
Animal Bite Investigations	359	274	341	297	308
People Receiving Post-Exposure Rabies	24	20	43	53	67
Rabies Inoculations – Dogs, Cats, Ferrets	879	1,100	1,315	1,162	1,319
Animals Positive for Rabies	5	4	8	5	20
Animals Submitted for Testing	79	61	80	59	89

Blood Pressure Clinics

Clinics for blood pressure checks are held weekly on Wednesday from 2:00 – 4:00 PM. These are provided free of charge. General health education materials are available at the clinic. Anticipatory guidance and teaching regarding diet, exercise, medication, etc. is provided.

Health Educator conducted Blood Pressure Clinics at Earl Towers the first Tuesday of each month. 157 Blood Pressures were taken. A Blood Pressure Clinic continues at the County Municipal Building on the third Tuesday of each month. 88 Blood Pressures were taken.



Flu Clinics

Due to continued emphasis on a medical home and pharmacy participation in providing early flu vaccine, no public flu clinics were held in 2014. Clinics were held for Washington County employees and patients of Washington County Public Health were offered vaccine.

	2014	2013	2012	2011	2010
Flu Vaccine	121	254	372	545	632
Pneumovax	0	3	3	6	4
# of Clinics	6	9	0	10	12



This was the first full year as a Licensed Home Care Agency (LHCSA). The overall goal for the Maternal Child Health nursing team is to promote health for women and infants during the perinatal, postpartum and newborn period. Services are available during a woman's pregnancy through the Medicaid Obstetrical Maternal Services (MOMS) and antepartum preventive services. The goal is for the mom to stay well during pregnancy and to be prepared for childbirth and parenting. Prenatal visits are arranged with the expecting mom and can occur at the Washington County Public Health office or at another site. Postpartum visits occur in the home and include assessment of the mother and newborn. Transition from hospital to home is a stressful time. One of the main focuses of the home visit is to identify any issues being experienced. The nurse provides support, reassurance, guidance and collaboration with the family's health care provider. Standardized teaching is provided utilizing evidence-based best practice materials. Key areas taught include: nutrition, SIDS prevention, newborn care, growth and development, safety (lead poisoning prevention, car seat), identification of maternal depression, immunizations, exercise, healthy lifestyle choices, emergency preparedness, and community resources. All referrals receive a phone call from a registered nurse and are mailed a newborn information packet.

2014 Maternal Child Health Highlights

- ✿ 2/3/14 LHCSA opened. All Preventative cases had to be discharged from computer system and new Start of Care cases opened in LHCSA.
- ✿ 2/3/14 All patients in the LHCSA business unit. All patients discharged in Encore Clinical Prevent business unit (31 paper records converted – 10 Lead, 12 MOMS, 9 Child Find) 14 episodes in Encore Clinical transitioned to LHCSA business unit.
- ✿ Joint visit form created to reflect the type of services now provided by Maternal Child Health.
- ✿ All Start of Care packets updated to provide evidenced-based educational materials. Obtained "See What You Read Guides", "Understanding Pregnancy" and "Understanding Breastfeeding".
- ✿ New members joined Utilization Review Committee providing representation from the following partners: Early Intervention, Cooperative Extension, and WIC.
- ✿ Entire MOMS Program documentation system updated: new assessment tool and care plan.
- ✿ Quality Improvement tools developed for Utilization Review Committee: MCH postpartum and newborn visits, MOMS, and Lead Poisoning Prevention.
- ✿ MCH nurses held several clinics to place PPD and read results as follow-up with TB contact investigations.
- ✿ Mentored SUNY Plattsburgh BSN student.

Neonatal Abstinence Syndrome (NAS)

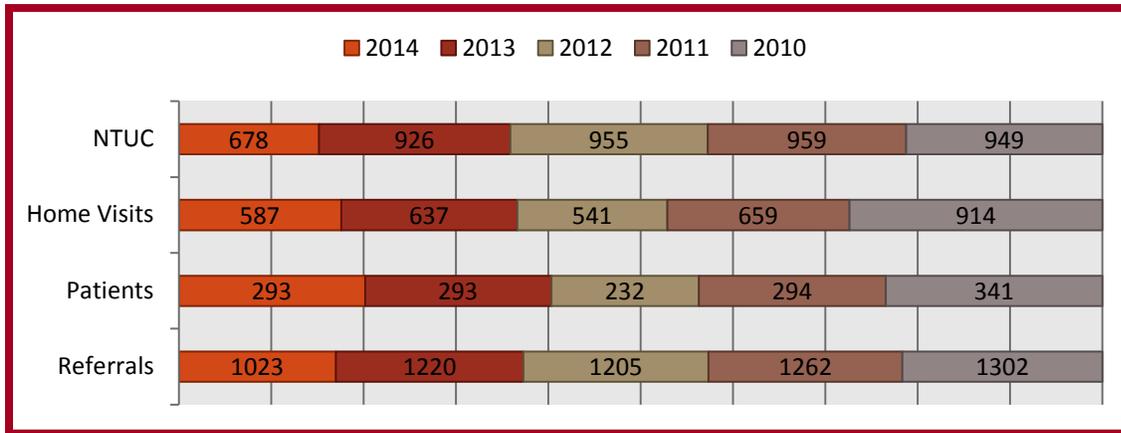
Neonatal Abstinence Syndrome (NAS) is a condition in which a baby has withdrawal symptoms after being exposed to certain substances. Many times the baby is exposed when the mother uses substances such as medications or illicit drugs during pregnancy. Opioid use is the most common cause of NAS. After the baby is born, the baby goes through withdrawal because it is no longer receiving the substances through the mother. Less commonly, very sick babies may receive medications after birth to help control pain or agitation, and once those medications are stopped, the baby may go through withdrawal. Symptoms of withdrawal include feeding intolerance, seizures, diarrhea, and respiratory distress. In the United States, there has been an increase in NAS. The national incidence of NAS increased from 1.2 to 3.39 per 1000 births from 2000-2009. During the same period, the number of mothers using or dependent on opiates at the time of birth, increased from 1.19 to 5.63 per 1000 births.



In response to the growing opioid (prescribed and non-prescribed) use among women of childbearing years and the incidence of NAS increasing, we decided to address this public health issue. In the fall of 2014, the Maternal Child Health team began a quality improvement initiative to develop a standard of practice in the delivery of maternal child health nursing services to infants at risk for Neonatal Abstinence Syndrome (NAS). We utilized our BSN intern to develop a power point presentation and posters to highlight the issue of NAS. These materials were used to provide education to our staff. This project will be a launching point to educate our community partners about this issue and strengthen these partnerships as we focus on the following goals:

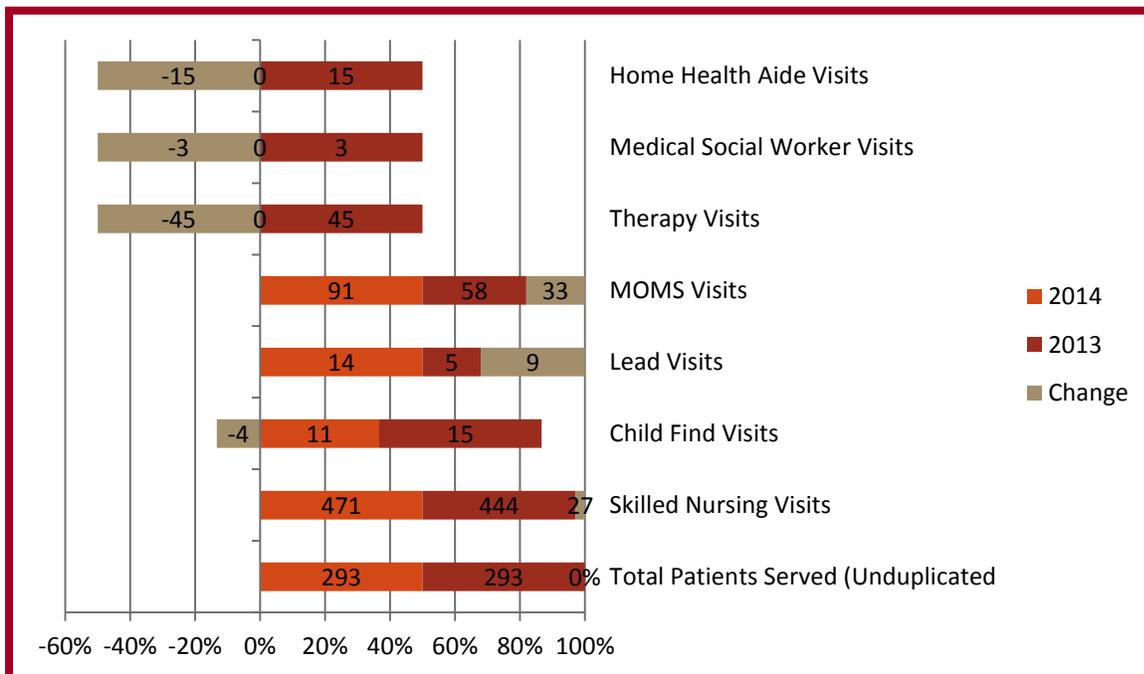
- ✿ Develop a collaborative care team with our community partners by establishing subcommittee of the Hometown vs Heroin Coalition specific to NAS.
- ✿ Share information and collaborate with clinical and human service partners to develop policies, procedures, and educational messages to improve the delivery of services to pregnant and parenting women with drug addiction.
- ✿ Prevent, identify and treat substance abuse before pregnancy.
- ✿ Provide standardize patient education in relation to prescription and recreational drug use to all women during preconception counseling and/or receiving substance abuse treatment.
- ✿ Provide an evidence based standard of care for drug-addicted mothers during pregnancy.
- ✿ Reduce barriers to treatment through a fast track available to assist women into a treatment program that works for them.
- ✿ Provide an evidence based standard of care for infants withdrawing from opiates and narcotics.
- ✿ Provide a smooth transition for services across disciplines and facilities.
- ✿ Promote family-centered care during treatment and recovery.
- ✿ Provide anticipatory education and guidance to moms regarding withdrawal symptoms and how to support their newborn.

Maternal Child Health Statistics

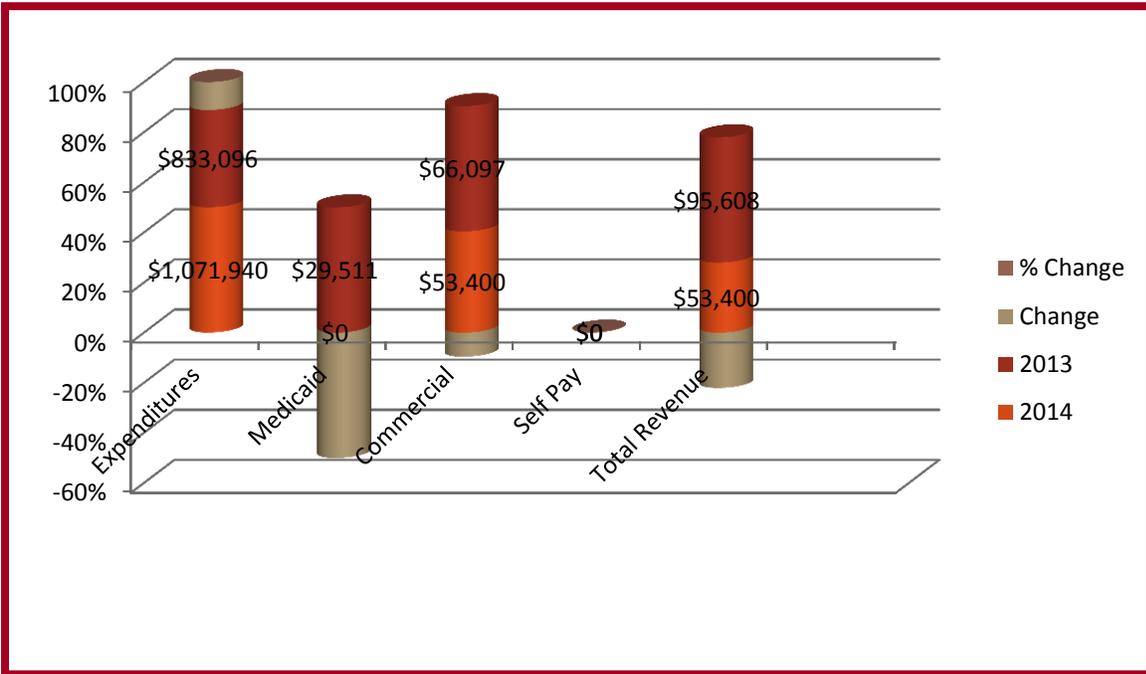


*NTUC – Not Taken Under Care

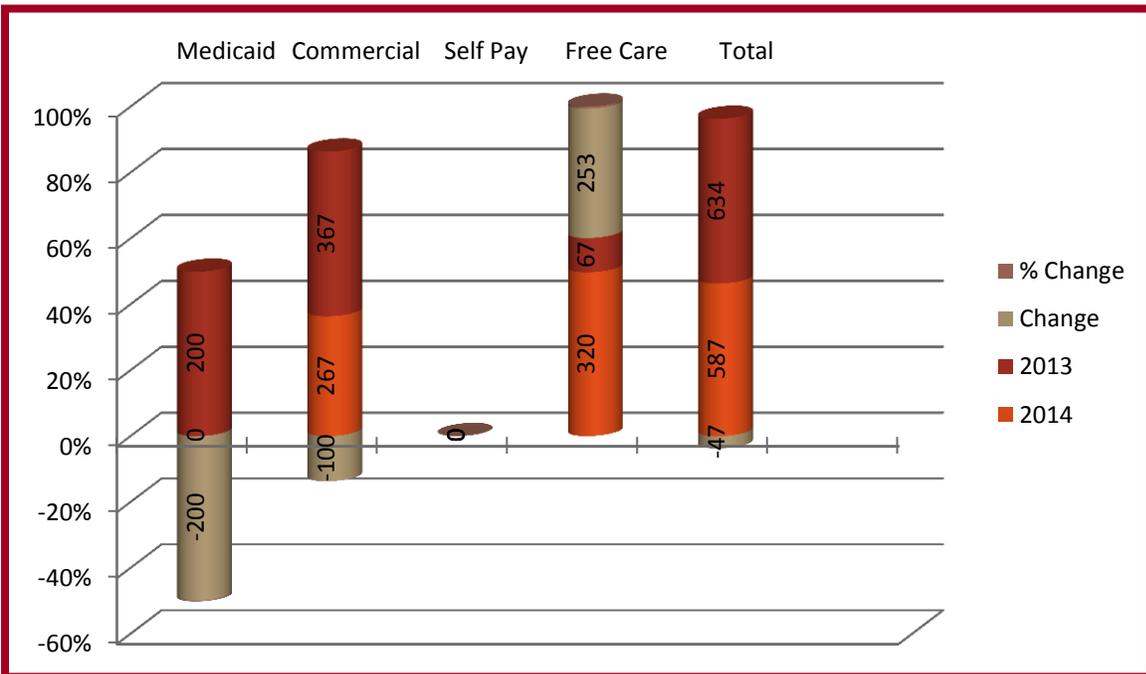
PREVENTIVE



PREVENTIVE REVENUE BY PAYOR



PREVENTIVE VISITS BY PAYOR



WELL CHILD CLINICS / IMMUNIZATION CLINICS

Immunization clinics are held on Wednesdays and reserved for Washington County residents only. All publicly funded vaccine will continue to serve eligible children and adolescents:

- ❖ Uninsured
- ❖ Under-insured
- ❖ Enrolled in Medicaid
- ❖ Medicaid Managed Care
- ❖ Child Health Plus
- ❖ American Indian or Alaska Native



For adult immunizations, we have contracted with several private insurance companies for vaccine and administration billing. However, some insurance companies will not contract with a local health department as they contract with physicians to provide immunizations as part of the services they provide as a primary care provider.

The Public Health agency continues to provide support and guidance to school districts regarding immunizations. Due to the changes in the New York State Department of Health Bureau of Immunization policy, the majority of children were referred for vaccinations through their primary care physician and not through school clinics.

The impact of changes in the health delivery system as noted above as well as the increase of those who now are supported by a medical home has affected the number of people utilizing Public Health services. Managed care, mandatory Medicaid managed care, primary care provider delivery and third party health insurance via Child Health Plus and their coverage have led clients away from county clinics. Child Health Plus coverage is more wide spread and inclusive secondary to the hard work of facilitated enrollment contractors covering this geographic area.

Well Child Clinics are provided at our Hudson Falls/Fort Edward site in August and September. Residents residing throughout the county can utilize this site. The children attending the well child clinics are typically awaiting insurance and are in need of a physical and immunizations to clear them for school admission.

Office Clinic	Every Wednesday	Well Child Clinic	2nd Thursday August & September
	2:00 PM-4:00 PM		1:30 PM - 4:00 PM

Those uninsured, under-insured, who have Medicaid or Managed Medicaid, are an American Indian or Alaskan Native are eligible to receive VFC vaccine. There will be no out of pocket expense for these individuals. For those who are under-insured, an administrative fee of \$25.00

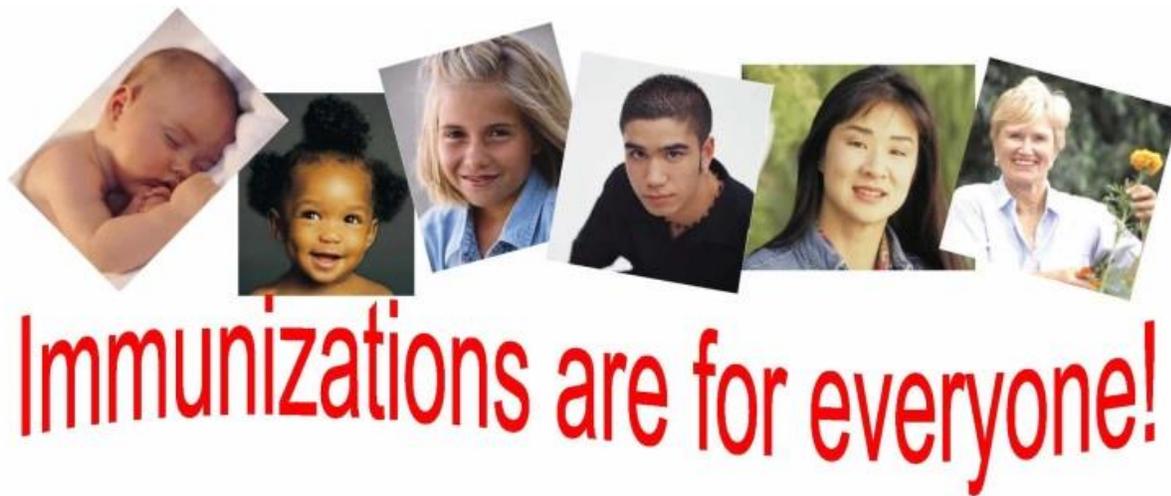
per vaccine will be charged. A sliding fee scale will be available for those who qualify. Proof of income will be required. Insured children and adolescents must schedule an appointment with their primary care physician for vaccinations. For individuals who are fully insured and wish to utilize the services of Washington County Public Health, they will be required to pay the full fees for vaccine and administrative fees.

Vaccine Charges 2014

ActHIB	\$ 41.00	Hepatitis B (Pediatric)	\$ 29.00	Rotarix	\$120.00
Adacel (Tdap)	\$ 55.00	Ipol	\$ 42.00	Tetanus	\$ 34.00
Boostrix	\$ 49.00	Menactra	\$125.00	Tenivac	\$ 37.00
DTap	\$ 40.00	Menomune	\$129.00	Tubersol	\$ 19.00
Gardasil	\$151.00	MMR	\$ 68.00	Twinrix	\$ 68.00
Hepatitis A (Adult)	\$ 42.00	Pediarix	\$ 78.00	Varivax	\$111.00
Hepatitis A (Pediatric)	\$ 34.00	Pentacel	\$ 96.00	Zostavax	\$182.00
Hepatitis B (Adult)	\$ 49.00	Penumovax	\$ 78.00	Flu	\$ 30.00



2014	Number of Clinics	Number of IZ Given	Attendance
Well Child Clinics	2	15	4
School Clinics	1	4	4
Office Clinics	51	136	255
Adult Clinics	3	93	93
Jail Clinics	15	53	43
Total	72	301	399



2013	Number of Clinics	Number of IZ Given	Attendance
Well Child Clinics	2	6	9
School Clinics	1	4	9
Office Clinics	42	162	254
Adult Clinics	2	133	133
Jail Clinics	12	59	61
Total	59	364	466

IAP – Immunization Action Plan

Each year Washington County participates in an Immunization Action Plan Grant. 2014 was the second year in a five year funding cycle. As with previous grant years there are specific goals delineated. New accountability standards were established including the utilization of immunization rates as a performance measure. The five year plan from 2013-2018 is designed to move LHDs to a performance based reimbursement structure. **Throughout our lifespan vaccines play an important role in preventing disease.** The overall mission is to promote and improve vaccination status of all residents through meeting the following goals.

Goal 1: Childhood Immunizations

In accordance with Healthy People 2020, the New York State Bureau of Immunization seeks to meet or exceed an 80% statewide immunization coverage level for 19-35 month old children with 4 doses DTaP or DTP, 3 doses Polio, 1 dose MMR, 3 doses Hib, and 3 doses Hepatitis B, 1 dose Varicella and 4 doses Pneumococcal vaccine (4:3:1:3:3:1:4) and series as a whole.

Goal 2: Adult Immunizations

New York State objective: Within five years, increase immunization rates (influenza and pneumococcal) by 10% among New York State adult (aged 65+) as measured through the eBRFSS and increase the number of adult care providers that enter data on adult immunizations into the New York State Immunization Information System (NYSIIS). Increase adult immunization rates among underserved, minority populations and high risk populations.

Goal 3: Immunization Information System

New York State objective: Increase the number of New York State registered health care providers who enter vaccination records into NYSIIS. Improve the accuracy and timeliness of immunization records reported in NYSIIS.

Goal 4: Education, Information, Training and Partnerships

New York State objective: Increase immunization focused educational and training opportunities available to staff and health care providers who provide immunizations. Promote immunizations and provide up-to-date, relevant education materials.

Goal 5: Eliminate Perinatal Hepatitis B

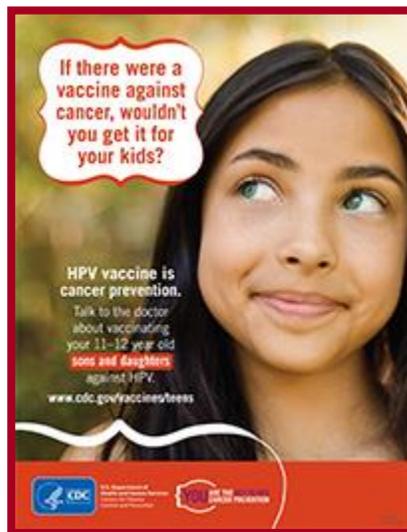
New York State objective: Eliminate Perinatal Hepatitis B transmission.

2014 IAP Highlights

- ✿ On site visits to offices that provide immunizations through the Vaccine for Children Program. During the visit, Assessment, Feedback, Incentive, Exchange (AFIX) occurs. Immunization rates provided and office practices are reviewed. If applicable, quality improvement initiatives are presented and selected by the practice to improve immunization rates.
- ✿ Met with Quality Improvement RN for the Glens Falls Hospital Family Health Centers and discussed the 2014 IAP goals. Shared immunization rates for each practice that sees pediatric patients for DTaP (4), Polio (3), MMR (1), HIB (3), Varicella (1), Pneumococcal (4), and HPV rates. Education materials shared regarding adult immunization recommendations particularly: Tdap, obtaining verbal consent for entering adult immunizations into NYSIIS, increasing influenza and pneumococcal rates.
- ✿ National Immunization Awareness Month Bulletin Board /VPD display at Washington County Fair (8/18 thru 8/24) promoting immunizations and pictures of the diseases they prevent.

- ❁ Participated in Family Health day at Hudson Falls School. Created display board that matched the vaccine preventable diseases with the immunization. Distributed educational materials regarding immunization throughout the lifespan.
- ❁ In conjunction with Warren County Public Health developed and presented “Vaccine Preventable Diseases: Your Role as a Professional” to SUNY Adirondack RN students.
- ❁ Results from senior survey completed. ADRC assisted with distribution and collection of these surveys through meal sites and meal delivery program.
- ❁ Washington County and Warren County worked together and created educational binders to distribute to obstetric practices. The binders included Tdap immunization materials from ACOG (American College of Obstetrics and Gynecology, CDC, Guidelines for Vaccinating Pregnant Women), current VIS information, influenza, HPV materials and entering immunizations into New York State Immunization Information System.
- ❁ HPV educational materials distributed to community partners, health care practices, annual school nurse meeting, Berkshire Farm Center, Local Early Intervention Coordinating Council (LEICC), and to adolescents who seek services at Public Health.
- ❁ National Infant Immunization Awareness Week flyers developed with Health Educator. These flyers were distributed to each township, Washington County Department of Social Services, health offices, Office for the Aging (ADRC), Department of Motor Vehicles. Presented information 4/28 thru 5/2 at Glens Falls Hospital.
- ❁ Held Migrant worker clinics – 49 immunizations administered.
- ❁ Diverse and underserved populations received information through Legal Aid Society representative. Informational flyers distributed to Department of Social Services Assistance Programs (temporary assistance, SNAP, HEAP, ADRC), informational flyer distributed to townships, WIC, MOMS Program, Newborn/Postpartum Care, Head Start, and facilitated enroller.
- ❁ All newborn visits receive “Your Baby’s First Year Calendar” and literature which contains reminders to obtain immunizations, a current children/teen immunization schedule, clinic schedule, and After the Shots educational flyer.
- ❁ Worked with our local regional coalition to promote and conduct educational and outreach activities about the benefits of adult immunization.
- ❁ Disseminate information through outreach to our community partners to keep them informed about current immunization recommendations: WIC, Maternal Child Health, MOMS Program, Department of Social Services visits, Lead Poisoning Prevention Program, Head Start, ADRC, and Child Find.
- ❁ Hepatitis A, Hepatitis B, and Twinrix vaccines are offered to all high-risk adults seeking services through health department sponsored clinics and service settings, including contracted services.
- ❁ Partnered with Information Technology Department who maintains Public Health website regarding immunizations, National Infant Immunization week, and National Influenza Awareness Week.
- ❁ Families screened during prenatal and postpartum visits regarding immunization history. Education provided about the need to cocoon newborns from vaccine preventable disease (Pertussis and Influenza) as they are most vulnerable during the first months of life.
- ❁ 100% of employees who have contact with public/patients were vaccinated to meet Section 2.59 of the New York State Sanitary Code within Title 10 of the New York State Code Rules and Regulations pertaining to “Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel”.
- ❁ Health care providers are encouraged to utilize NYSIIS and to enter data timely into the system.
- ❁ NYSIIS consent for individuals 19 years of age and older is strongly encouraged at all Public Health clinics. The public was educated about NYSIIS at the Washington County Fair.
- ❁ Shared up to date information, education and training for employees who participate in maintaining storage and administration of vaccines. The body of knowledge regarding immunizations is frequently evolving as new scientific evidence emerges. Recommendations regarding immunizations are updated via federal and state communications. The New York State Department of Health and Centers for Disease Control websites were monitored and referenced frequently.

- ✿ Updated providers through site visits and/or via blast fax about current immunization recommendations.
- ✿ Updated office manual to have the most current resources available for clinic nurses to access and distribute.
- ✿ Developed resource tools and distributed to all the Washington County VFC providers. Two resource manuals were created. One manual provided educational material geared toward the professional staff. A second manual was developed as a resource for parents/guardians regarding vaccine preventable illness. This manual had several handouts with a section dedicated towards the vaccine hesitant parent.
- ✿ Students from RN, LPN and New Visions Program are welcomed to shadow our nurses for a day. They are educated about the importance of immunizations against vaccine preventable diseases.
- ✿ Monitored birth dose of Hepatitis B through review of birth certificates. MOMS and antepartum assessment/plan of care: client assessed for history of Hepatitis B, completion of Hepatitis B vaccination series, and risk factors. Provide education regarding Hepatitis B transmission and prevention. Coordination with hospital that any infants born to women who are Hepatitis B positive receive HBIG and Hepatitis B vaccination within twelve hours of birth.



Lead Poisoning Prevention Program

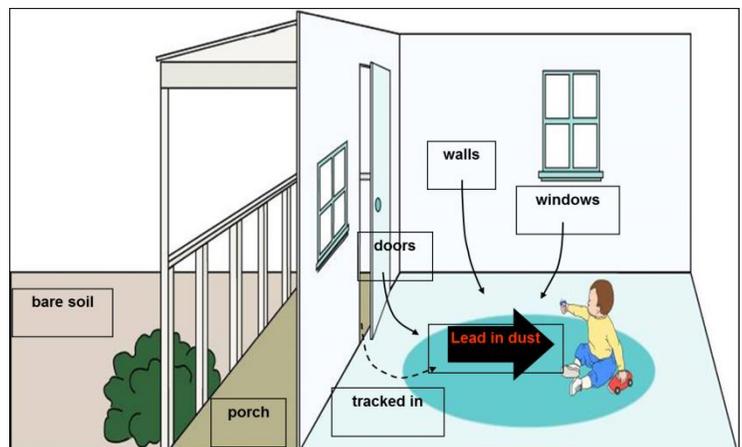
Washington County's Lead Poisoning Prevention Program is funded via a grant from the New York State Department of Health. Policies and procedures within the agency follow the Lead Poisoning Prevention set forth by the New York State Department of Health. The health department has delineated key components to be addressed.

Goal 1 – Program Administration: Local Health Departments (LHD) will effectively administer a Lead Poisoning Prevention Program (LPPP).

- ✿ Maintained standard operating manual for management of blood lead levels.
- ✿ Updated educational resources and master education resource list created.
- ✿ Revision of the standing operating procedure for the management of elevated blood lead levels which clarified action required to obtain venous confirmation for blood lead level $\geq 8-9.99$ mcg/dL.
- ✿ Maintained CLIA waiver to allow testing for blood lead levels using the Lead Care II.
- ✿ Approval received to submit lead test results to New York State's Electronic Clinical Laboratory Reporting System (ECLRS).
- ✿ Revised lead reporting form, Consent Form for Health Screening Procedures, to correspond with the information required to enter results into ECLRS reporting system.
- ✿ QI Tool: Follow-up Action for Elevated Blood Lead Levels Children Aged Birth to <18 years.
- ✿ Handout developed for Code Enforcement team to utilize "Become Lead Aware".
- ✿ Developed new form "Lead Poisoning Prevention Program Documentation Tool". This tool is used to document the initial phone contact/interview to determine source(s) of lead and methods to reduce exposure. Developed paper process for referrals to the New York State Department of Health District Office to be used in the interim when the Lead Web system is unavailable.

Goal 2 – Education: Increase knowledge and awareness of the public, healthcare providers, other professional and local policy makers regarding lead poisoning and lead poisoning prevention in children and pregnant women, based on the needs of the county, including the specific impact on the local community.

Environmental lead exposure is a recognized health hazard. Children are particularly susceptible to its affects and pose lifelong health and learning consequences. These affects include learning disabilities, kidney damage, hearing loss, growth problems, anemia, and behavior problems. Symptoms of lead poisoning may not be apparent or may be mistaken for other illnesses. The symptoms may include fatigue, crankiness and stomachaches. However, there are usually **no** signs. Lead poisoning in its most severe form can be fatal. It is important to remember that **lead poisoning is preventable**.



The key to Lead Poisoning Prevention is to prevent and eliminate any exposure by taking the following steps:

- Keep children away from peeling or chipped paint.
- Make home repairs safely by following the EPA Lead Hazard Pamphlet and EPA Repair, Renovation, and Painting Rule (Effective April 2010). Hire contractors with Lead-Safe certification and training. Children and pregnant women should stay away until the area is properly cleaned with wet cleaning and HEPA vacuuming.
- Wash dust off hands, toys, bottles, windows and floors.
- Check toys for recall at www.cpsc.gov/cpsclist.aspx.
- Avoid exposure to children's jewelry and costume jewelry.
- Remove clothing prior to coming home whenever possible or have a designated changing room and wash thoroughly if you have a hobby or occupation that involves contact with lead (painting, plumbing, construction, car and computer repair, firearms, pottery, stained glass).

2014 Highlights

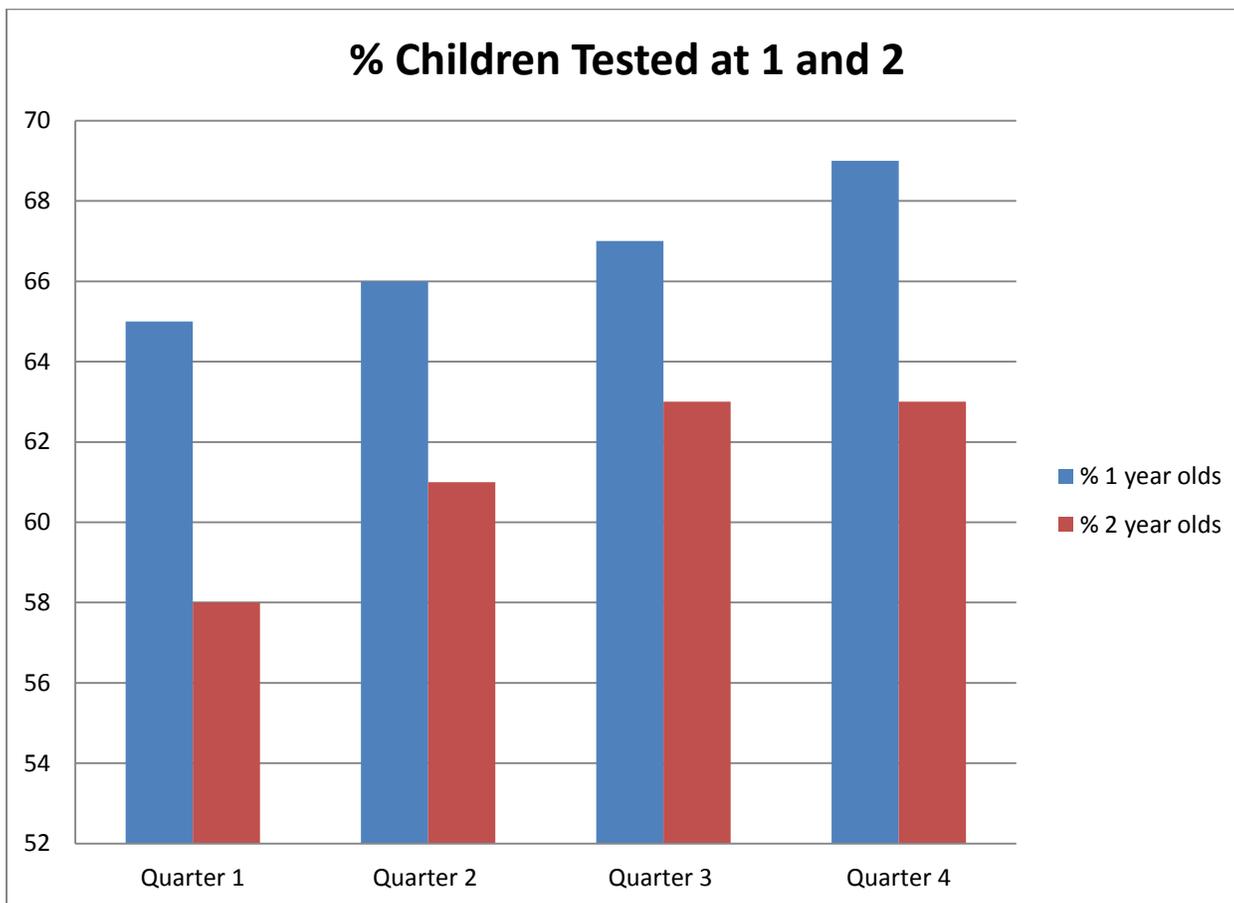
- ✿ "Your Baby's First Year" calendar provided to all new Moms who receive a home visit. Education is provided at initial visit(s) regarding lead poisoning prevention. This tool will provide reminders on lead poisoning prevention throughout child's first year.
- ✿ WIC recipients receive "Welcome Packet" with Lead Poisoning Prevention educational materials. Children receiving WIC services are screened for low Hgb levels. Children with low Hgb levels are referred for lead testing either to their health care provider or Washington County Public Health.
- ✿ Children referred to Early Intervention and Child Find will have their lead levels checked in NYSIIS (New York State Immunization Information System) or Lead Web. If the child has not had lead testing at age one or two, information will be provided to parents regarding testing and assistance will be provided in getting the child tested if they have no health insurance.
- ✿ Maintain recall resource binder in WIC waiting area.
- ✿ Power point presentation to Department of Social Services staff and Annual School Nurse Meeting.
- ✿ As a result of the educational program provided to Department of Social Services (9/15/14), the Director of Department of Social Services has initiated a new screening question to the Advocate Assistance Program's client checklist, "Was home built before 1978"? The check list is a guide for clients and will assist them in having lead exposure conversations with prospective landlords. LPP materials made available for distribution to those applying/receiving assistance.
- ✿ Met with Program Director at Whitehall Head Start for Lead Poisoning Prevention Training and provided education regarding lead testing and follow-up process.
- ✿ Halloween bags provided, included educational materials and age appropriate Halloween items, delivered to the following: Hudson Falls School Health Advisory Council (SHAC), Berkshire Farm Center, WIC, Early Intervention, Department of Social Services, Head Start sites (Whitehall, Cambridge), and the following health centers: Whitehall, Granville, Greenwich, Cambridge, Salem, Main Street Pediatrics, Hudson Headwaters Fort Edward/Kingsbury.
- ✿ Clerical personnel distribute "Become Lead Aware" handout and "Renovate Right" brochure with all building permits. Code Enforcement Officers distribute EPA materials.
- ✿ There are no OB/GYN providers in Washington County. Mailings were sent to bordering counties (Saratoga and Warren), where women receive prenatal care.
- ✿ Nurse liaison makes rounds twice weekly at Glens Falls Hospital Snuggery for the purpose of outreach and information sharing.
- ✿ Home visits offered to new parents for newborn care and safety. Identification of potential Lead sources and lead poisoning prevention.
- ✿ Public Health utilizes social media, now has Facebook and Twitter accounts, where LPP information is shared via these modes.



- ☀ To coincide with National Lead Prevention Week, two billboards were on display at each end of the county.
- ☀ Distributed Lead Poisoning Prevention educational materials at Hudson Falls School “Family Health Day”
- ☀ The Lead Poisoning Prevention Nurse worked to educate providers and community agencies through site visits, meetings, and educational materials.
- ☀ A wide variety of educational materials were distributed by Maternal Child Health staff at health fairs, well child visits, physician provider community, via the MOMS Program, and on all referrals. Also included are hardware stores, code enforcement and building inspectors.
- ☀ Reminder letters sent prior to child’s second birthday to have blood test for lead.

Goal 3 – Education: All children and pregnant women are tested for lead poisoning consistent with requirements outlined in NYS Public Health Law, Administrative Rules and Regulations, and CDC guidelines.

A blood lead test is the only way to determine exposure. Exposure usually occurs when children lick, swallow, or breathe in dust from old lead paint. New York State requires physicians to test all children with a blood lead test at one and again at two years of age when children are at highest risk for hand to mouth ingestion. Physician practices should also screen children up to age six at every well child visit through questioning about possible exposure risks. Children who have any possible exposure should have a blood lead level obtained. Testing compliance has been enhanced with the use of the Lead Care II testing device in the county’s pediatric and family health practices. In order to enhance compliance with testing for 1 and 2 year olds, proof of lead testing is recommended but not required for preschool entry. Children are not excluded for lack of testing as they may be for lack of immunization.



2014 Highlights

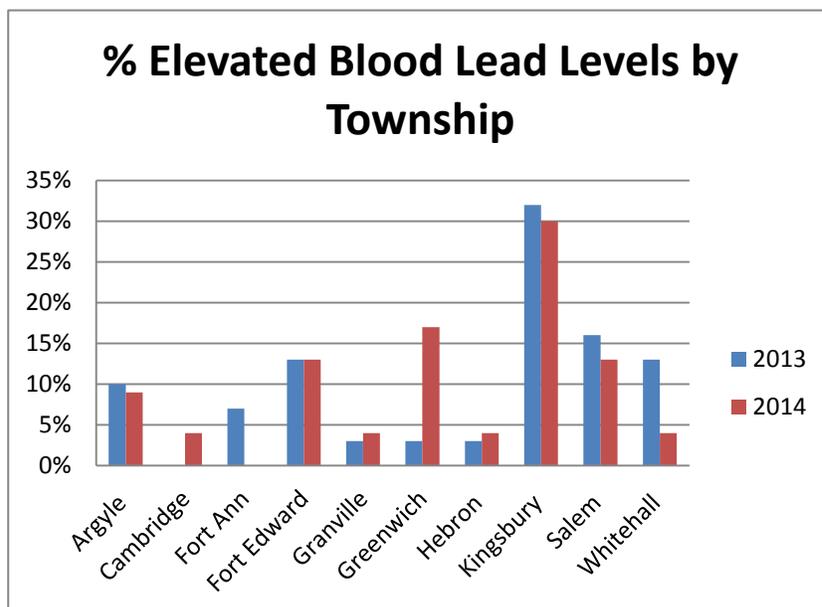
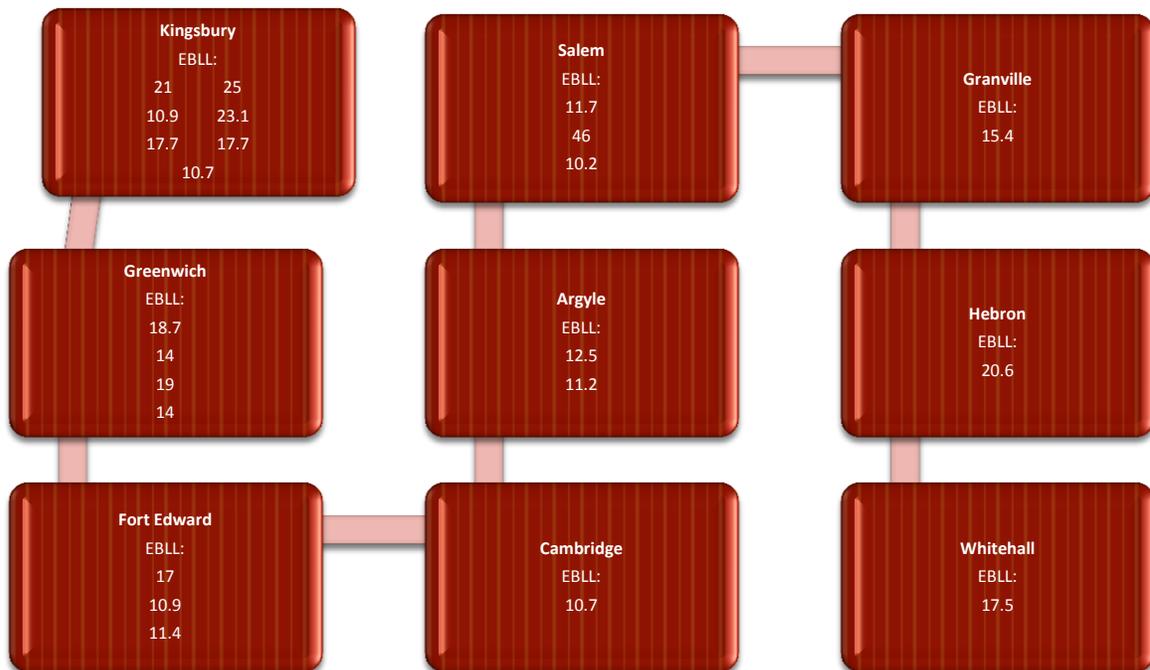
- ☀ Public Health utilizes Lead Care II device to screen for blood lead level. The blood lead level readings are received within a few minutes from obtaining a blood sample.
- ☀ Policies and procedure maintained.
- ☀ Direct lead screening provided by Public Health at Well Child Clinics and upon request when no insurance and/or medical care provider.
- ☀ MOMS participants are screened for lead risk and receive education regarding lead poisoning prevention. Lead Care II testing offered to participants identified at risk.
- ☀ MOMS program assessment forms and care plan updated to include standardized assessment and care planning to include knowledge deficit regarding lead exposure and lead poisoning in infants.
- ☀ Met with Quality Improvement Nurse for Glens Falls Hospital Family Health Centers and reviewed lead poisoning prevention program and educational materials.
- ☀ Many Washington County residents receive obstetric care at three major practices in Glens Falls. Site visits to these practices with lead prevention educational materials, lead screening risk question tear off sheets.
- ☀ Provided education and guidance to physician practices when a false blood lead level elevation occurred with the use of Lead Care II device.
- ☀ Reminder letters mailed prior to child's second birthday to have blood test for lead.
- ☀ Mailings sent to parents/guardian for all blood lead levels results ≥ 5 and ≥ 10 mcg/dL. A letter explains the function of the Lead Poisoning Prevention Program, resources, and contact information. Emphasis is placed on the prevention measures you take will make a difference. New York State Department of Health's educational form "What Your Child's Blood Lead Test Means" is enclosed.
- ☀ Total of 23 children were tested across Head Start sites. 20 BLL < 3.3 ; 1 BLL 4.5, 1 BLL 6.4, 1 BLL 6.3. All children received Lead Poisoning Prevention folder with educational materials and Leo the Lion Coloring Book, crayons, and stickers. Children with BLL > 5 were sent home with a letter with contact information and "What Your Child's Blood Lead Test Means". Phone consultation provided by Lead Poisoning Prevention Nurses. Primary care physicians were faxed results and all results were entered into ECLRS.

Goal 4 – Education: Follow-up for children with elevated BLLS < 18 years of age: All children with elevated blood levels receive timely and appropriate follow-up services, consistent with the Public Health Law, Administration Rules and Regulations, and CDC guidelines.

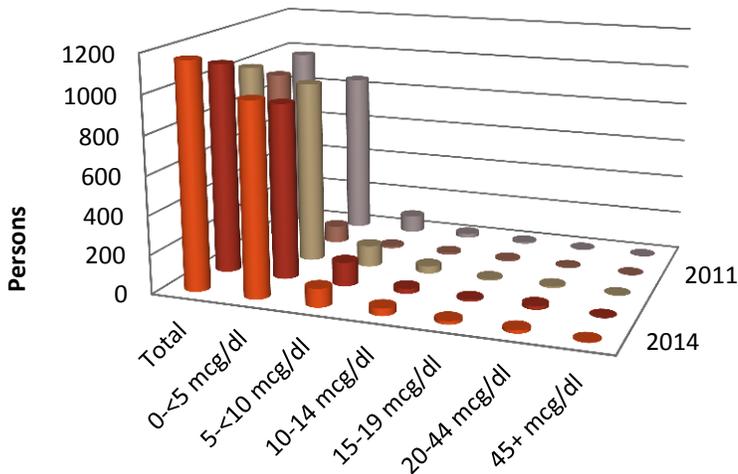
The Lead Poisoning Prevention Nurse provides case management for all children in the county with a blood lead level of ≥ 10 mcg/dL. For levels 10-14 mcg/dL a letter and educational packet of information is sent to the family. A follow-up telephone call is made to take a lead risk assessment and exposure history and offer a home visit. The Lead Poisoning Prevention nurse explains the program and the child will be followed until they meet criteria for discharge. Reminder letters are sent when repeat blood lead levels are due. For children with a blood lead level ≥ 15 mcg/dL, a home visit is made. During the home visit the nurse takes a lead exposure history, risk assessment is done along with a general health assessment. Education is provided and a plan established on how to reduce the child's lead exposure. Referrals are made to other programs based on the nurse's assessment. The Lead Nurse works closely with New York State Department of Health District Office in Glens Falls for environmental management for cases with a BLL ≥ 15 mcg/dL. New York State Department of Health criteria for medical discharge is two consecutive venous levels < 15 mcg/dL, taken at least six months apart OR one venous blood lead level < 10 mcg/dL, and **all** required follow-up activities, including environmental management, have been completed consistent with the child's blood lead level.

2014 Highlights

- ✿ Provided case management and monitoring of blood lead levels for open cases. Reminders sent to primary care physician and parents/guardians when follow-up lab work is due.
- ✿ There were 23 cases managed in 2014. Twelve new cases were opened. One child had a blood lead level of 46 and required hospitalization. Seven cases were discharged in 2014.
- ✿ Some of the cases required coordination with other counties due to the children having residences in more than one county.
- ✿ Interagency involvement for assistance in finding “Lead Safe” housing for children with elevated lead levels.



Lead Screen Results



	Total	0-5 mcg/dl	5-10 mcg/dl	10-14 mcg/dl	15-19 mcg/dl	20-44 mcg/dl	45+ mcg/dl
2014	1161	990	96	38	18	16	3
2013	1086	908	123	26	10	19	0
2012	1011	946	110	38	8	8	0
2011	915	89	11	10	8	3	0
2010	974	852	90	21	8	2	1



Goal 5 – Primary Prevention: Lead hazards in the community are identified and controlled before children become lead poisoned.

2014 Highlights

- ✿ Education is provided at initial newborn home visits. “Your Baby’s First Year” calendar is presented and lead poisoning prevention is highlighted throughout child’s first year.
- ✿ The Lead Poisoning Prevention Nurse worked to educate providers and community agencies through site visits, meetings, and educational materials.
- ✿ A wide variety of educational materials were distributed by Maternal Child Health staff at health fairs, well child visits, to the physician provider community, on all referrals and via the MOMS Program. Also included are hardware stores, code enforcement and building inspectors.
- ✿ Lead Poisoning Prevention training held at Head Start locations: Whitehall, Hudson Falls Dix Avenue, Hudson Falls River Street, and Cambridge.
- ✿ Code Enforcement personnel started distributing LPP materials to rental property owners and tenants.

Prenatal Program

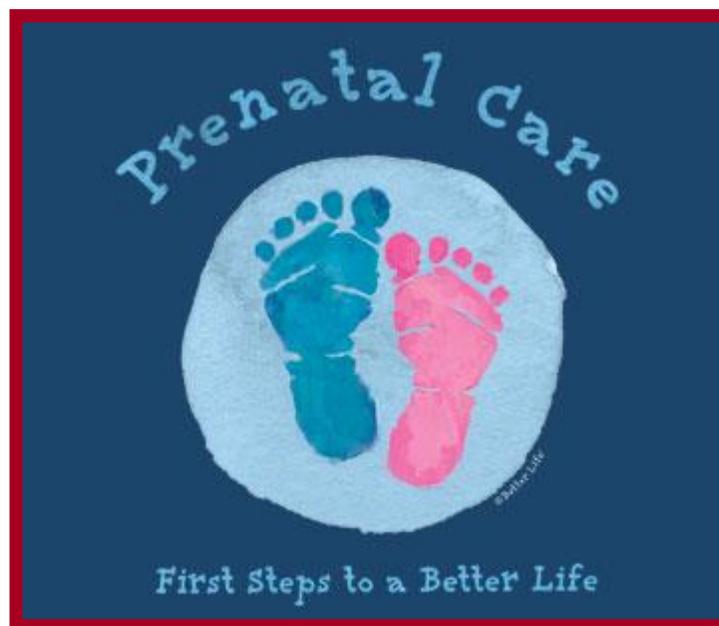
MOMS (Medicaid Obstetrical Maternal Services) – “Healthy Mothers, Healthy Babies” – This is a New York State Department of Health initiative that promotes prenatal care and health supportive services to pregnant women who are eligible to receive Medicaid benefits or who are currently receiving Medicaid benefits. The MOMS Program offers assistance in obtaining prenatal care from a physician or certified nurse mid-wife, assistance completing paperwork and obtaining Medicaid services, general health and child birth education regarding prenatal care, labor and delivery, postpartum care, infant care, parenting skills, family planning options, infant growth and development and HIV counseling and testing. Women are provided with assistance in obtaining services such as WIC (food assistance), transportation to MD appointments, Lamaze classes, sibling classes, pediatric and Public Health services.

The Public Health nurses follow a specific educational curriculum and individualize the program to meet specific needs. The Public Health nurses are specially trained in Presumptive Eligibility (PE) determination for Medicaid benefits and can get coverage for the initiation of prenatal physician care for women who qualify. The nurses work collaboratively with the Washington County Department of Social Services Medicaid Unit to get Medicaid coverage for the pregnant woman and for her child for its first year of life. This also allows the child to enter medical care beginning on day one of life, obtain any required well baby care, first year immunizations, as well as access sick care. The program continued to see the effects of Mandatory Medicaid Managed Care. Women begin the program, but often times do not complete the entire educational curriculum due to rapid enrollment in managed care products which do not recognize these as needed services. Primary providers are charged with education which may or may not fully take place. The department continues to negotiate with third party providers for coverage for education and postpartum/newborn evaluation and care with limited success. One company will generally approve 2 antepartum visits.

We continue to have the ability to consult with the Department of Social Services and WIC as needed. The complexity of the cases seen leads to large investments of staff time and energy to affect the best possible pregnancy outcomes for the women served and their newborn children. The value of this program is not necessarily tangible but allows us to give the newest residents of our county, the best start to life possible.



PRENATAL	2014	2013	2012	2011	2010
Visits	92	58	41	85	113
Number Served	53	32	28	54	69
1 st Trimester Care	28%	31%	43%	43%	86%
2 nd Trimester Care	31%	41%	21%	28%	14%
3 rd Trimester Care	41%	28%	36%	30%	0%
LBW <2500 Born to Participants	0	0	0	0	1
Teen Pregnancy ≤19 YO Primip	5	8	3	13	14
Teen Pregnancy ≤19 YO Multip	1	1	1	3	3



Child Find Program

Child Find is a component of the Early Intervention Program that is designed to improve the identification and location, referral to care and follow-up of infants and toddlers (age 0-3) who are at risk of developmental delay.

Identification of children at risk is facilitated by referrals from New York State as well as Vermont Hospital NICU's, PICU's, physicians, agencies such as Department of Social Services, WIC, Maternal Child Health RN's, and Head Start. Parents also initiate referrals per their own developmental concerns. Children who are followed through the Lead Program with results >19 are also enrolled and monitored.

The program offers tremendous opportunity for parent education regarding age appropriate developmental milestones, need of correcting age if children are premature, the effect a variety of medical diagnoses have on a child reaching developmental milestones and the wide parameter of what is considered "normal" development.

One of the challenges of the program is that it is voluntary, parents who may have children at the highest risk of development delay may choose not to participate. The mobility of our population often presents challenge in locating families enrolled in the program. New York State Department of Health encourages physicians to do developmental screenings at well child visits. Since some families seek care more for illness and emergencies, versus regular well child follow-up, this program is a catalyst to their primary care physician in identifying risks and making referrals for evaluations through Early Intervention or CPSE dependent on child age.

The Child Find Program staff work very closely with Early Intervention Program to ensure a smooth transition between programs if developmental concerns are identified.



Early Intervention Program

The Early Intervention Program is a New York State Department of Health Program which provides a variety of services for eligible infants and toddlers with disabilities or strong suspicion of disability as it relates to a diagnosed condition such as Down's Syndrome. The program works with parents and families teaching them to meet the special needs of their child. These services are provided in the child's natural environment. For most children this often is their home or day care site.

Early Intervention Services include:

- ▶ Early identification, screening and assessment
- ▶ Service Coordination
- ▶ Family Training, counseling, home visits, parent support groups
- ▶ Special instruction
- ▶ Speech pathology and audiology
- ▶ Occupational Therapy
- ▶ Physical Therapy
- ▶ Nutritional Services
- ▶ Vision Services
- ▶ Hearing Services
- ▶ Assistive technology devices and services
- ▶ Assistance with transportation
- ▶ Respite services if qualified

If a child qualifies and their parents agree to services, an Individualized Family Service Plan (IFSP) is developed. This plan describes the services the child and family will receive. Only services agreed to by the family are provided to the child regardless of the professional recommendations made by the service providers.



Eligibility Requirements For The Early Intervention Program

Children less than 3 years of age with a developmental delay or diagnosed physical or mental condition with a high probability of a delay in any of the following areas:

- a) Physical development (vision, hearing also)
- b) Cognitive development (thinking)
- c) Communication (understanding or expressing language)
- d) Social/Emotional (relating to others)
- e) Adaptive development (self-help skills)

Services are provided at no cost to families. Washington County is reimbursed by New York State at a rate of 49% for amount paid. Private insurance (licensed and regulated by New York State) and Medicaid are billed for Early Intervention Services. All attempts are made to maximize reimbursement and defray Washington County expenses. Starting April 1, 2013, regulations changed to require Early Intervention Program providers to enter into agreement directly with New York State Department of Health in order to provide Early Intervention services. This change also required providers to bill insurance companies and Medicaid directly for the services they have provided. Insurance companies and Medicaid pay the provider for any covered service and then the county pays the provider for any outstanding balance. A state fiscal agent assists the provider with this process. During the transition period to this new payment model, there were providers who decided to discontinue their provision of Early Intervention Services. This has had a direct impact in the number of providers Washington County has available for the Early Intervention Program and many of these providers are shared by surrounding counties. Washington County continually monitors our provider capacity levels to ensure that children are receiving the services which are determined appropriate on a child's Individualized Family Service Plan. The New York State Bureau of Early Intervention is working to evaluate provider capacity needs and improve their resource of qualified providers.

A developmental delay for the purposes of the Early Intervention Program is a developmental delay that has been documented as:

- a) A twelve month delay in one functional area as described; or
- b) A 33% delay in a functional area or a 25% delay in each of two areas; or
- c) If appropriate, standardized testing tools are individually administered in the evaluation process, a score at least 2.0 standard deviations below the mean in one functional area or a score at least 1.5 standard deviation below the mean in each of two functional areas; or
- d) Due to the child's age, condition, or the type of diagnostic instruments available in the specific domain, a standardized score is either inappropriate or cannot be determined, a child may be deemed eligible by the documented informed clinical opinion of the multi-disciplinary team.
- e) For Speech Only children, 2 standard deviations below the mean are required for the evaluation team to determine a child is eligible for Early Intervention Program Services, or the evaluation team must use other qualitative criteria included in regulation/clinical practice guidelines on communication disorders.

A child must qualify according to the written standards to be eligible for services under the Early Intervention Program. If a child does not meet the degree of delay required, parents may pursue services via their primary care physician and primary health insurance.

The New York Early Intervention System (NYEIS) electronically manages Early Intervention Program administrative tasks and provides for information exchanges. New York State continues to make improvements to NYEIS for ease of use and correction of system glitches. New York State continues to work on creating fiscal and administrative reports with data extracted from NYEIS system. These reports are currently not available.

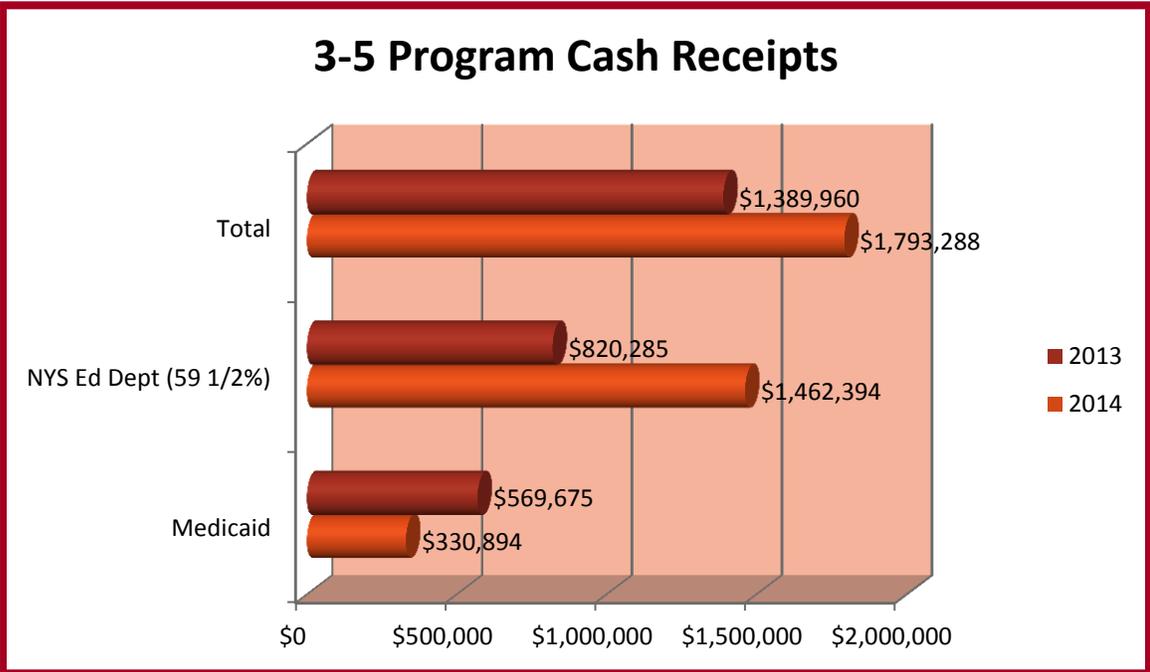
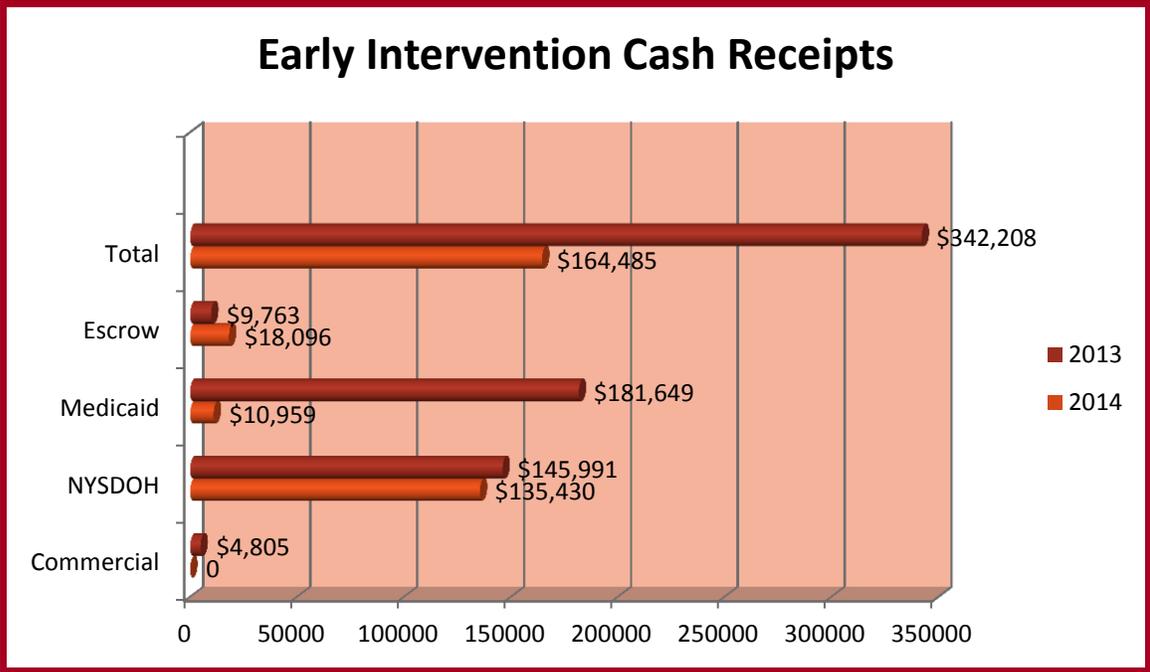


Preschool Program For Children With Disabilities – Committee on Preschool Special Education (CPSE) Serving Children 3-5 Y.O.

New York State Education Department has oversight of the Preschool Special Education Program. Children potentially eligible are referred directly to the Committee on Preschool Special Education (CPSE) either by parents, providers or through the transition process from the Early Intervention Program. The child is referred to their home school district. Parents are provided with a list of approved evaluators for Washington County. Parents then select the agency they wish to evaluate their child. All appropriate consents and documentation are secured by the school district CPSE office. Following the child's evaluation the committee is convened to review the evaluation, determine qualification and eligibility, and discuss the child's needs. Recommendations for services are made at this time if the child qualifies for services. A representative from Washington County Public Health attends all CPSE meetings. Other members include the school district CPSE chairperson, child's parent, evaluator, and/or service provider, and the parent representative at parent request. Parents have the right to appeal decisions if they wish. All CPSE recommendations must be approved by the District Board of Education before services can begin.

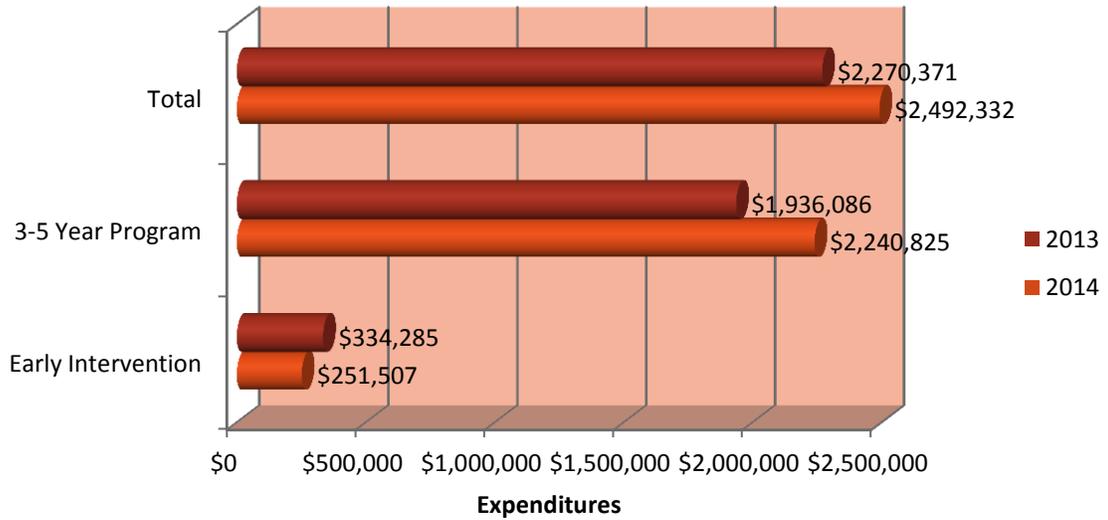
Children are identified as a "Preschool Child With a Disability". More specific classification will occur at the time they become school age, if needed. These services are voluntary and the parent may withdraw the child from any program at any time. The county is reimbursed for its costs at a rate of 59.5% by New York State Education Department. Medicaid is billed for related services such as speech therapy, occupational therapy, physical therapy, nursing, counseling for all Medicaid eligible children. All attempts are made to maximize reimbursement and defray Washington County's expenses.

The preschool budget and payment process is extremely complicated and not at all timely. It takes a tremendous amount of county staff time to assure all reimbursement is secured. Accurate documentation is submitted to the New York State Education Department and Medicaid office in a timely and consistent matter.

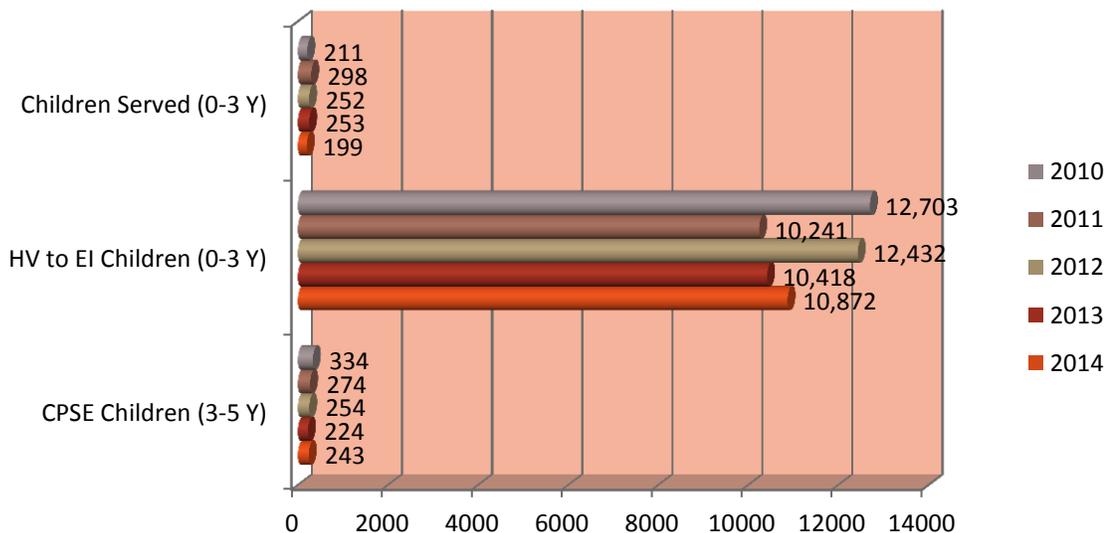


The receipts shown above are strictly cash received during 2014 and may include cash received in 2014 for prior year services. For Early Intervention services, the NYS Department of Health reimburses the County 49% of any service not paid for by another source, such as Medicaid or a commercial insurance.

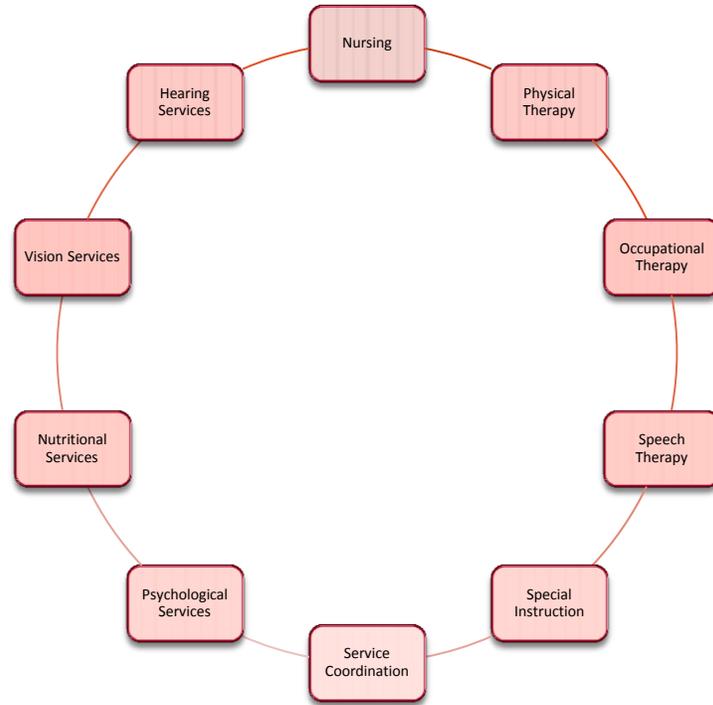
EI & 3-5 Year Program



EI / CPSE Combined Stats



The home visits (HV) are reflective of service utilization by children in the Early Intervention Program; this includes:



The children in the CPSE Program are the number of children classified as preschool children with a disability receiving group or individualized programs or services under that program.

Trend Toward A Need For Multi-Cultural Service Provision

The Migrant Farm Labor Market has drawn a core of people into the southern and northern parts of the county, most notably in White Creek and Fort Ann. There is also emerging populations along the eastern border of the county with workers drawn to the stone quarries. These families tend to be young, uninsured and have little or no ability to speak English. This has presented a particular challenge as very few, if any bilingual services are readily available. The agency has addressed this issue and continue to look for ways to more effectively deliver services. Bilingual interpreters have been identified (there are only 1-2), Spanish/English dictionaries and medical dictionaries are used. Spanish written materials are utilized. The agency utilizes Language Line phone services as a means by which telephone conversations can be held with the assistance of an interpreter. This can be utilized for the Spanish speaking as well as other foreign language using residents. This will continue to be an area of evolving need and adaptation of staff.

We have noted the uptake of several county services by this population including immunization and well child clinics, the MOMS Program and the Lead Poisoning Prevention Program. We are just beginning to see young migrant children entering the Early Intervention Program. There are limited resources for bilingual evaluation and service delivery in this region. This will need to be carefully monitored for issues related to this capacity.

A New York State Department of Health supported Migrant Vaccine Program has been initiated with the local farms and nurseries. Uptake of this service has been gradual as a level of trust and rapport are established with this Spanish speaking population. The Agency anticipates continued need and capacity building in this area.

The agency continues to work to build services to meet the health needs of this emergent population. Developing consistent, trusting relationships with leaders in this community is ongoing.



Camp Counselor Education

Camp counselors and other personnel are encouraged to contact Washington County Public Health Nursing Service with questions regarding West Nile Virus, Rabies, Lyme Disease, communicable disease, hand washing, and any other health related topics as needed.

The New York State Department of Health District Office in Glens Falls coordinates and provides an annual Camp Directors meeting to review Public Health Environmental topics and to review Camp regulations. Public Health is consulted as needed for issues related to infection control, communicable disease potential outbreak, rabies control and other health related topics.

School Nurse Program

The 2014 Annual School Nurse Meeting hosted by Public Health was deemed another success. Attendees totaled 23 and responded to evaluations positively stating the topics were relevant and timely. School districts present included: Hudson Falls, Salem, BOCES, Granville, Hartford, and Whitehall. Each year NYS Department of Health presents an annual Immunization Update, Public Health provides an update on the agency status and resources; and this year our Maternal Child Health staff presented the Washington County Lead Poison Prevention Program. Attendees have an opportunity to gather resources at a health fair style meet and greet during registration. This is an opportunity for school nurses to become aware of programs and resources available to complement their districts and encourage healthful behaviors within the student body and staff.

Highlights included a speaker's panel made up of representatives from the following youth service agencies: Warren/Washington CARE Center, Washington County Child Protective Services, District Attorney's office and the Washington County Sheriff's office. The panel discussed mandating reporting procedures and how each agency responds when a family is deemed in crisis.

Another highlight was our keynote speaker, Sharon King. Sharon is a Youth Victims Advocate from Domestic Violence Project, a program of Catholic Charities. Her focus was "Identifying and Responding to Teen Dating Abuse".



Infection Control / Communicable Disease Control

The number of investigations of communicable disease cases in 2014 totaled 426 cases of confirmed reportable diseases. This was within the expected yearly threshold for all of the infectious disease within Washington County.



Food-borne illness reported case numbers remained stable in 2014, well within expected trends. A total of 23 food-borne illnesses were investigated in 2014. Campylobacter cases (n=18) was most reported food-borne illness in 2014. This is a common gastric illness usually caused from ingestion of raw milk or by handling raw poultry products or animal exposure. Proper hand hygiene, prevention of cross-contamination, proper washing and storage of food are the best of defenses to prevent food borne illness.

Washington County Public Health Communicable Disease staff continues to respond rapidly and collaborate with the Regional New York State Department of Health Epidemiology staff and the NYSDOH District Office in the event of any outbreak or incidents of concern. Washington County Public Health Communicable Disease staff monitors surveillance locally, regionally and nationally on a daily basis. The Washington County Public Health infection Control team continues to work closely with other area facilities and school districts in regard to issues of concern related to infection control.

Annual infection control training is mandatory for all Washington County Public Health staff and is updated annually to meet the most current evidenced based standards of practice. Infection control policies and procedures area also reviewed and updated annually to reflect the current best practices.

Ebola

In the latter part of 2014 the Ebola outbreak in 3 countries in Africa raised concerns. Several health care workers who were working in these areas returned to the United States infected with the disease. The staff had to be trained in screening and the use of extended personal protective equipment (PPE). Nursing staff is required to drill PPE every month until further notice. In addition, reception staff is also drilled monthly to determine whether they are asking appropriate travel and health questions of clinic patients. Signage was placed in the reception area of public health to make visitors entering the building aware of the need to report any foreign travel to the reception staff.

Sexually Transmitted Diseases

In 2014, Washington County number of chlamydia cases (n=135) rose slightly over the previous year and gonorrhea (n=4) cases decreased. There were zero confirmed cases of Syphilis. Outreach education through schools and public posters regarding awareness and testing might have contributed to this decline.

	2014	2013	2012	2011	2010
Amebiasis	0	0	0	0	0
Anaplasmosis**	26	14	1	0	0
Babesiosis**	0	0	0	0	1
Campylobacteriosis**	17	17	14	7	15
Cryptosporidiosis**	3	2	2	0	7
E.Coli 0157:H7	0	2	1	1	0
Ehrlichiosis (Chafeensis)**	0	4	0	0	0
Ehrlichiosis (Undetermined)	2	1	0	0	0
Giardiasis	4	0	5	4	4
Haemophilus Influenzae, Not Type B	0	1	1	0	2
Hepatitis A	0	1	0	0	0
Hepatitis B, Chronic	2	2	0	2	3
Hepatitis C, Acute	1	1	1	0	0
Hepatitis C, Chronic	36	30	32	26	32
Influenza A, Lab Confirmed	98	53	92	11	0
Influenza B, Lab Confirmed	21	15	1	2	0
Legionellosis	1	1	2	1	2
Listeriosis	0	1	2	1	1
Lyme Disease** ****	59	127	77	272	115
Meningitis, Other Bacterial	0	0	0	0	2
Meningococcal**	0	0	1	1	0
Pertussis**	2	0	0	2	4
Q Fever**	0	0	2	0	0
Rocky Mtn Spot Fever**	0	0	1	0	1
Salmonellosis	5	7	7	8	8
Shigellosis	0	0	0	1	0
Strep, Group A Invasive	1	0	2	0	3
Strep , Group B Invasive	3	5	5	8	6
Strep Pneumoniae Invasive	4	8	10	10	11
Toxic Shock Syndrome, Streptococcal**	0	0	0	0	0
Tuberculosis	1	1	0	0	0
West Nile Virus**	0	0	0	1	0
Yersiniosis	1	1	0	1	0
STDs					
Syphilis Total	0	1	1	2	0
--Late Latent	0	0	1	0	0
--P & S Syphilis	0	1	0	0	0
--Congenital Syphilis	0	0	0	1	0
--Early Latent	0	0	0	1	0
Gonorrhea Total	4	11	16	9	12
--Gonorrhea	4	10	15	8	11
--P.I.D.	0	1	1	1	1
Chlamydia	135	126	150	151	164
Chlamydia P.I.D.	2	2	1	0	0
Total NYS Reportable	426	435	444	527	404

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

****Not official number

West Nile Virus Surveillance

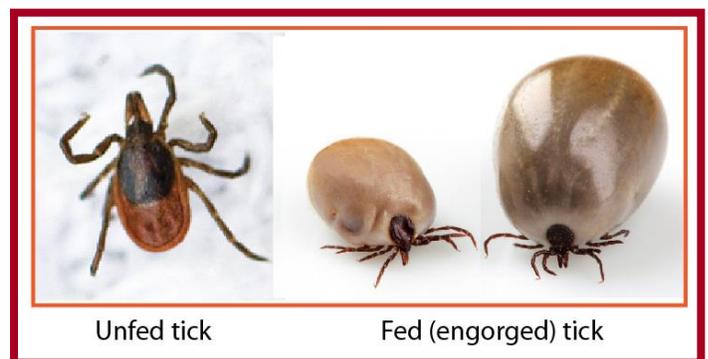
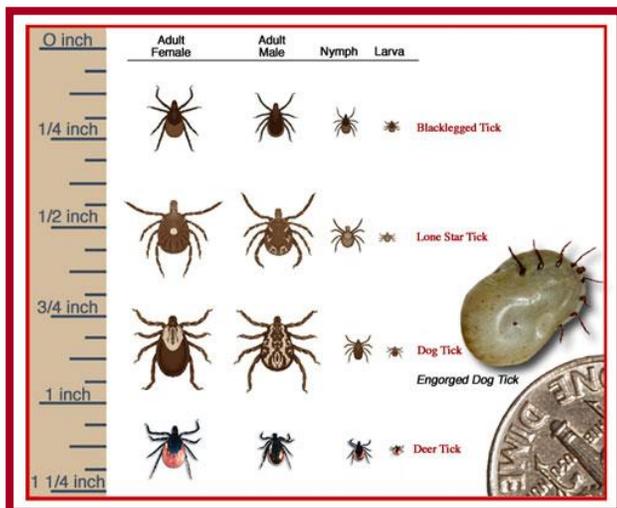
There have not been any human cases of West Nile Virus to date diagnosed in Washington County. This is a reported disease and any suspect or confirmed case would be investigated by the infection control team.

Lyme and Arthropod Diseases

Reported cases of Lyme Disease in 2014 dropped significantly to 59 confirmed cases that met case definition. A total of approximately 250 additional suspected cases of Lyme disease were also investigated, but did not meet the current case definition. Washington County Public Health continues outreach education to the public regarding prevention of Arthropod diseases. The speculated reason for the major decrease is the lack of health care providers to follow-up with the required mandated reporting to the local health department. This is evident by the health care facilities not responding to the “Dear Dr. letter” that are sent out when the health department receives a positive lab report. Lack of complete reporting from the health provider community who cite time constraints as a barrier makes it difficult to maintain accurate statistics. Phone inquiries from county residents serve as an opportunity to educate regarding ways to reduce the risk of arthropod exposures. Lyme disease awareness as well as other vector-borne education is distributed to area health providers and anyone else who makes a request, as well as being on display for the public yearly at the Washington County Fair.

Other arthropod diseases increased within this region in 2014. Anaplasmosis, Babesiosis and Ehrlichiosis are now reportable to the local health department in New York State. These diseases are also caused from tick bites. Washington County has one documented death from Anaplasmosis in 2014 and a total of 26 additional confirmed cases. Ehrlichiosis cases numbered 2 total and Babesiosis zero. Exposure to tick-borne illnesses can be reduced by taking precautions when outdoors. Dressing to repel by wearing light colored clothing and tucking pants into socks when outside and use of a DEET based insecticide help reduce the incidence of these exposures. In addition, animals and humans should be checked for ticks after every outdoor activity especially in wooded areas. There is no human vaccine on the market for the prevention of Lyme disease or any other tick-borne illness. Washington County Public Health secured metal signage from the New York State Department of Health warning about the presence of ticks and placed them in the public parks within the County.

For more information on tick illnesses, visit: <http://www.cdc.gov/ticks>



Rabies Program



Washington County Public Health has a rabies control protocol as required by Public Health Law and New York State Department of Health. The rabies plan identifies and coordinates all activities within the county to accomplish a comprehensive rabies response including coordination of response to rabies issues by other local agencies. Washington County Public Health is responsible for managing animal bites and exposure to domestic animals to known or suspect rabid animals. Each county is required by the State to authorize all rabies post exposure prophylaxis (RPEP) treatment of individuals who have been exposed to the rabies virus. Without prior authorization, a person may be responsible for RPEP treatment expenses. Washington County Public Health may authorize third party county payment for rabies post exposure prophylaxis not covered by insurance.

Public Health Law 2145 regulates that the county health authority is responsible for services and expenses necessary for the suppression of human rabies which include, but not limited to (a) availability at all times for prompt investigation of reports of possible exposures to rabies of people, pets, or domestic livestock; (b) making arrangements for appropriate disposition of the animals involved, including confinement and observation, quarantines, vaccination boosters, or euthanasia and testing; (c) collection, preparation and submission of animal specimens; (d) verifying terms of confinement, observation and quarantines; (e) authorize human post-exposure treatment; (f) operation of rabies vaccination clinics free of charge.

The rabies program operates 24 hours, 7 days a week utilizing on-call nursing staff. In 2014, we had 359 cases/reports that were handled. Some were as straight forward as providing guidance, and most required investigation and follow-up. 2014 saw personnel changes to Dog Control Officers/Animal Control Officers for the towns of Granville and Kingsbury. Twenty four (24) people were referred and scheduled at area facilities for rabies post-exposure for completion of either two (2) dose booster series or the four (4) dose rabies vaccine and immune globulin. One (1) person received RPEP not authorized or recommended by Washington County Public Health. The dog was available and was observed according to 10 day home confinement protocol, expenses were not billable to Washington County Public Health. Three (3) additional victims received authorization to receive RPEP but declined. There were twelve (12) scenarios that the animals quarantined required the use of shelter confinement and our confinement log process. During 2014 the institution of credit card as acceptable payment method made the payment process more user friendly.

During 2014 there were thirteen (13) practices or facilities that we coordinated submission of seventy nine (79) specimens for rabies testing. There were five (5) specimens that were reported **POSITIVE FOR RABIES**: 2 bats, 1 cat, 2 raccoons. Four (4) specimens came back as untestable or unsatisfactory and these have to be treated as though they are positive.

During 2014 ten (10) free rabies clinics were offered to the community throughout various towns in Washington County. Eight hundred seventy nine (879) pets were vaccinated. We continue to strive serving our county in an effective, safe and efficient manner while providing the rabies vaccine for the pet population. Currently two (2) vet practices are providing vet coverage at the rabies clinics.

Nineteen (19) vet/technicians received rabies titer testing from Washington County Public Health from eight (8) surrounding practices that work with us through the specimen prep/submission and rabies clinic services.

As part of our 2014 goal, we continue to provide education and communication to the community. Collaboration and coordination with other Washington County Public Health program services has resulted in increased dissemination of information. Some of the groups reached out to include: medical providers, schools, Head Start, display tables set up at WIC clinics, Department of Social Services, animal control officers, local county fair, EMT staff, community groups, and veterinarians. Materials, report forms, handouts, rabies clinic schedules, lap top visual aids on "How to Safely Capture a Bat" are some of the tools and measures used throughout the year. A "wish" for 2015 is the implementation of educational/informative continuous loop closed circuit TV provided in public waiting areas in our county.

Our goal is to continue to provide a rabies program that provides timely surveillance, education, and risk control for county residents and pets who are at high risk for potential rabies exposure.

	2014	2013	2012	2011	2010
Confirmed Rabid Animals	5	4	9	5	20
Animal Specimens Sent for Testing	79	61	83	59	89
Animals Received Vaccine at County Clinic	879	1100	1315	1162	1319
Individuals Receiving Post-exposure Vaccine Series (all RIG & 1 st rabies injections given at GFH and nearest hospital)	24	20	44	53	67
Reported Animal Bites / Guidance Calls	359	274	341	297	308
Animal Clinics	10	10	10	10	10
Blood Titres Drawn for Rabies	19	15	1	24	7



I  ALL MY ANIMALS AGAINST RABIES

2014 Rabies Clinics					
Town	Held	Given	Dogs	Cats	Ferrets
Salem	March	78	62	16	0
Whitehall	April	94	70	24	0
Kingsbury	May	116	83	33	0
Granville	June	130	96	34	0
Argyle	June	119	75	44	0
Cambridge	July	43	26	17	0
Greenwich	August	52	33	19	0
Fort Ann	September	106	83	23	0
Kingsbury	October	74	32	42	0
Kingsbury	November	67	45	22	0
	TOTAL	879	605	274	0



Health Education



Health Educator conducted and/or coordinated the following:

- ☀ 11 “Good Health Rules” programs with 156 preschoolers
- ☀ 12 Blood Pressure Clinics at Earl Towers the first Tuesday of each month. Checked 149 blood pressures.
- ☀ Attended a Health Insurance Expo held by ADRC and 22 blood pressures were checked.
- ☀ Part of the Washington County New Employee Orientation team and presents New Employee Orientation as needed.
- ☀ Created display for the Washington County Fair which included information on ways to live a healthy lifestyle, including eating healthy, being active, not smoking, safety, preparedness, etc. Other topics included immunizations, blood pressure, lead and more.
- ☀ Assisted in teaching Car Seat Technician certification courses in Hudson Falls, Latham, Clifton Park, and Niskayuna.
- ☀ 5 Community presentations to TOPS (Taking Off the Pounds Sensibly) in Hudson Falls and also conducted 2 challenges with them:
 - Creating Wellness Vision – 15 attendees
 - Stages of Change – 14 attendees
 - Goal Setting and Journaling – 16 attendees
 - Mindless Eating and Portions – 17 attendees
 - Physical Activity – 14 attendees
 - Spring Into Motion – 14 registered, 7 returned log and evaluations
 - Colorful Choices – 12 registered, 7 returned log and evaluations

Worksite Wellness

Washington County monthly newsletter “Thought Flyer” was distributed to all employees via intranet and available on all Worksite Bulletin Boards. Each month there is information regarding a Blue Cross feature, the Wellness Wednesday Workshop description, articles and a Healthy Recipe provided. There are 4 Worksite Wellness Bulletin Boards throughout the Municipal Building, the County Correctional Facility and Public Health. Bulletin Board titles included: 14 Health Tips for 2014, Heartburn, National Nutrition Month, 10 Ways to Reduce Stress, Osteoarthritis Information, National Safety Month – (included National Safety Council posters on Safety At Home, On the Road, At Work and in the Community), Immunizations, Halloween Safety Tips, Diabetes, Holiday Health and Safety Tips

The 2014 Worksite Wellness Celebration was held on May 15, 2014. This year’s event was deemed a success with 182 county employees in attendance and a total of 10 outreach areas supporting local programming and businesses that serve Washington County.

Outreach and activity areas included:

- ☀ **Adirondack Runners:** Members of this popular running club shared best practices to start running programs in your communities, promoted safe running routes, and tips to prevent injuries while running.
- ☀ **The Acupuncture Studio:** Kevin Campopiano returned to share holistic healing through acupuncture. Event attendees congregated to this area with hopes to experience acupuncture, many for the first time.

- ✿ **Capital Financial/Blue Cross:** Member from Capital Financial and Blue Cross shared the Blue Cross online program and information on gym reimbursement opportunities.
- ✿ **Cornell Cooperative Extension of Washington County:** Nutrition Educator Amy Jordan, shared healthy cooking ideas with fresh produce through their Eat Smart NY program that is federally funded. County employees who visited this outreach area received fresh food samples to encourage making the healthy recipe at home for their families.
- ✿ **Glens Falls Hospital Cancer Services Program:** Program Educators from the Cancer Services Program provided information on risk factors and behavior that increase our risk for cancer. With nice weather finally arriving, the program also offered information on how to prevent or lower your risk for skin cancer.
- ✿ **Global Fitness:** Staff from the Aviation Mall center shared how to be physically active at your desk with resistance bands. Many county employees are in sitting positions for long periods and would benefit from activities that can be done while at their desks.
- ✿ **Kimberly Hayden Chair Massage:** It was a pleasure to have Kimberly Hayden return to offer chair massages to county employees. This was a treat for all who participated and was one of the busiest outreach areas this year.
- ✿ **TOPS – Taking Off Weight Sensibly:** TOPS has been a long running weight loss program since 1948 and has regular meeting sites in Washington County. TOPS members shared program information and designed an Obesity/BMI display.
- ✿ **Washington County Public Health Services:** Health Educators created a display that highlights programs and resources available at Public Health. This year the display included stress reducing information in addition to prevention education and a blood pressure clinic for all employees.

“Walking Works” Walking Program (April-June 2014)

The “Walking Works” Walking Program was available for all county employees to encourage physical activity and to promote heart health. Studies have proven that walking is one of the best and easiest ways to improve your heart health. 22 employees signed up for this program and were able to track their progress online courtesy of Blue Cross.

60 Day Fall Fitness Challenge

This 8 week program, created by Neil Hughes, was based on the “30 Day Fitness Challenge” concept. Participants were given specific exercises to do each day and the activities progressed over time. A packet was distributed to registrants and included the fitness chart/calendar and explanations with pictures of the different exercises. 67 County employees registered and 12 completed the challenge. 36 Evaluations were returned with a 54% return rate and 23 logs were returned with a 34% return rate.

“Maintain Don’t Gain Challenge” (November 18, 2014 – January 3, 2015)

Employees were challenged to maintain their current weight during the holiday season. Those interested in the program registered, weighed in, and were given a weight record packet to use to monitor their weight. Participants were asked to weigh themselves weekly and record an “M” or “G” for maintain or gain. Each participant also received weekly emails



with tips and strategies for adopting or maintaining healthy behaviors, physical activity suggestions and encouraging messages to continue and stay focused on their goals. 62 Employees registered for this challenge and 52 reported that they maintained their weight within 2 lbs.

Biggest Loser: Warren County vs. Washington County

Another great success in 2014 for Washington County with 29 teams registered and 92 employees. Washington County lost 751.7 lbs. with a total weight loss of 4.15%. Warren County did well also with a total weight loss of 3.88%. Teams received weekly emails to encourage their success with tips on healthy weight loss.

Blood Pressure Clinic

A blood pressure clinic continues at the Municipal Building on the 3rd Tuesday of each month. 88 Employees had their blood pressure checked.



Wellness Wednesday Workshop

Wellness Wednesday is a once a month lunch-and-learn held in the Municipal Building. Topics were chosen based on health observances and popularity.

- ✿ January – 10 Keys to Better Eating, Presented by Wholesome Natural Health – 20 participants
- ✿ February – Financial Wellness, Presented by Cornell Cooperative Extension 8 participants
- ✿ March – Healthy Eating On a Budget – 10 participants
- ✿ April – Stress, Presented by Blue Cross – 11 participants
- ✿ May – Wellness Celebration held in place of a workshop – 182 registered and 176 returned evaluations
- ✿ June – CPR Basics, Presented by Fort Edward Rescue Squad – 10 participants
- ✿ July – Behavior Change, Presented by Public Health – 10 participants
- ✿ August – No Workshop – Employees were encouraged to walk on their lunch break
- ✿ September – Healthy Heart, Presented by Blue Cross – 7 participants
- ✿ October – Mindless Eating, Presented by Public Health – 5 participants and 3 additional requested hand outs
- ✿ November – Smoking & Quitting, Canceled Due to Lack of Registration
- ✿ December – Stress and the Holidays – 8 participants, handouts emailed to all employees

DPW Safety Days

A day long training for County and Town DPW staff on Heart Health. Public Health presented to 147 employees.

Policy Work Committee

The Committee was asked to review the Vending Machine bid in the hopes that “Fit Picks” could be put in as part of the bid, making healthy options the majority of what would be in vending machines. No progress has been made with this to date. We will continue to work on this in 2015.

The Committee discussed working on Healthy Meeting Policies, which means that meetings where there is food, healthy options would also be available as well as the not-so-healthy options. We will discuss this in 2015.

Child Passenger Safety Grant

Washington County Public Health was awarded the Governor's Traffic Safety Committee Grant in 2014. The \$13,500 award was used to continue the Car Seat Distribution Program and Car Seat Safety Checks at Public Health. 47 Car seats were checked at the office in Hudson Falls in addition to providing 155 car seats to families. All participants were required to demonstrate correct use of the car seat and help install the seat before leaving.



In addition to seat distribution and car seat checks, also:

- Attended the Regional Child Passenger Safety Conference
- Held 8 “Seat Belt Safety” preschool programs to ensure children are able to demonstrate proper use of booster seats and how to buckle themselves in with a seat belt correctly. 125 preschoolers were reached.
- Sites on the Traffic Safety Board and provided information on Child Passenger Safety for the Traffic Safety Board County Fair Booth in 2014.

Injury Prevention – Bicycle Safety

- Washington County Bike Helmet Distribution Program provides low income county residents a bike helmet and safety education to promote bike safety. 32 Bike helmets were fitted and bike safety education for children of low income families in Washington County.
- Bike Rodeo events are held at schools to promote bike safety skills to our youth. 2 Schools hosted bike rodeos in 2014. Hartford Elementary had 138 students in 2-5th grade participate and Fort Ann had 40 3rd graders participate.
- A “Bike Safety” presentation was held at the Hudson Falls Elementary Health Fair reaching 200 students in 5th grade.
- “Explore the D&H Rail Trail Bike Exhibition” was held in Granville to promote use of the trail and increase physical activity through biking and walking.



- Chaired the Healthy Communities Coalition of Washington County and sustained the group hosting quarterly meetings to address health disparities countywide and share resources.
- Applied for the Mary McClellan Foundation Grant to provide opportunities for adults residents in Washington County to have regular, low cost access to physical activity and to promote healthy behaviors and outcomes. Unfortunately, the RFA was not awarded by the foundation in 2014.
- Health Educator attended and completed the Project Safe Point Opiate Overdose Response training on September 5, 2014 hosted by the Council for Prevention. This certifies that one of our Health Educators is trained in opioid overdose prevention and includes the use of injectable naloxone for the purpose of prevention death from an opioid overdose. This practice is legal under New York State Public Health Law Section 3309 and under 10 N.Y.C.R.R. Section 80.138.

- ❁ Promoted and attended Meth Labs training presented by a retired DEA Special Agent at the Washington County Municipal Center on April 9, 2014. This training was promoted and available to all county employees and local community agencies that provide in home services to enhance skill building for identifying potential meth labs and methamphetamine production in Washington County.



- ❁ Partnered with Cornell Cooperative Extension to implement healthful living programming at WWHSE BOCES to 60 students. Topics included nutrition, physical activity, hygiene and a blood pressure clinic.
- ❁ Planned and facilitated annual training for all Public Health Employees on HIV Confidentiality and Disclosure in accordance to New York State Department of Health Regulations and Article 27-F of the HIV Confidentiality Law.
- ❁ Partnered with Washington County Department of Social Services and Cornell Cooperative Extension in hosting a professional development opportunity for those working with families in the home. *“Learning to Better Support My Families”* promoted positive communication skills when working with parents, assisted those working in the home to better recognize opportunities to empower and educate parents in stressful situations, refreshed skill to identify concerns in the home and report neglect/abuse and allowed for the opportunity to build resources for those working with families. This program reached 25 area professionals working in the home with families in Washington County and those working in surrounding counties.

- ❁ Continued partnership with Hudson Falls Central School District

- Implemented Germ Busters/Good Health Rules, Dental Health, and Seatbelt Safety programs at the Hudson Falls Kindergarten Center reaching 72 students.
- Facilitated a risky behavior series with High School health class, reaching 167 students grades K-12 on topics that included STD’s, Birth Control, Healthy Relationships.
- Supported school district programming with health education resources when available



- ❁ Presented an informational display that focused on sugar sweetened beverages at the SADD Conference. This conference is held annually and is sponsored by the Council for Prevention Inc. 160 area students were reached at this event.
- ❁ Organized and participated in the planning group for the BOCES Mental Health Day held on October 29, 2014. This event focused on area mental health resources available to parent and students that attend WSWHE BOCES. 29 youth serving youth programs and advocate partners participated. Those who attended received a catered lunch provided and served by the BOCES Culinary Program students. Highlights included District Attorney Tony Jordan and the Washington County Sheriff’s Department validating community concerns regarding the lack of resources available for youth in the area surrounding the issues of mental health. A speaker’s panel was held and allowed concerned parents to ask questions regarding services available for their child. The panel is great way for parents to connect with local providers and receive answers specific to their concerns regarding their child.

Parent and attendees were also able to build their resource toolbox by engaging with local youth agency and programs at the health fair held prior to the luncheon and speakers panel. Approximately 100 youth and adults attended this event.

- ☀ Health educator created a “Burst Buddy” exercise group and facilitated a 30 day challenge where participants completed a series of exercises daily for 30 days in a row. Each member had the option to participate with a group or on their own. This group participated for 2 cycles and reported feeling stronger emotionally and physically. They also reported that it was nice to be part of a group and felt more energized and mentally clear throughout the work day.



- ☀ Health Educators co- coordinated two community wellness events:
 - October 19, 2014 in Granville, New York. Titled, Explore the D&H Rail Trail Bike Exhibition, residents were asked to come out and give biking a try on the Granville Rail Trail. Folks were asked to bring their bikes or borrow to learn biking skills, have your bike checked, participate in on-going skills clinics and could sign up to win a bike or helmet. Attendees learned fun facts along the rail trail, had free use of Johnson & Son Bikeworks rental bikes, free bike and helmet fittings, free 10 minute tune- ups and could attend “How to Share the Road” bike safety presentations. This event was sponsored by Washington County Public Health, Slate Valley Museum, Johnson & Sons Bikeworks, Parks & Trails New York, and the Washington County Youth Bureau. Due to inclement weather, participant totals weren’t as hoped but the experience gave way to valuable information for future planning.
 - In January of 2015, an event was held, [Winterfest 2015 “Beat the Winter Blues”](#). This event will be free to the community and will be held at Lake Lauderdale. Partners that will make this event a success are: Berkshire Farms; Cambridge Valley & Salem Rescue Squads; Cossayuna, Greenwich, Salem & Shushan Volunteer Fire Departments; Granville Ice Skating Rink; NYS EnCon Police & Forest Rangers; The Council for Prevention, Inc.; Washington County Cornell Cooperative Extension; Washington County Public Health; Washington County Sportsman Federation; and the Washington County Youth Bureau.



- ☀ Health Educators coordinated “New Vision Students” at Washington County Public Health. A program through WSWHE BOCES, New Visions Health Career Exploration is an academically rigorous one-year program for college-bound high school seniors who plan to major in pre-med, chemistry, biology, or other allied health fields. Students learn and observe in a hospital setting from physicians and physician assistants, physical and occupational therapists, registered nurses, and a wide range of other health care professionals.
- ☀ Health Educator coordinated and facilitated a meeting with Warren/Washington Association for Mental Health department heads to present healthful living program options tailored to clients and residents of their residential housing programs. Department heads present for this meeting were from Pearl Street Center, Maple Street Center, and Housing First. WWAMH’s **Residential Programs** are houses and apartments where individuals with psychiatric disabilities live while developing skills needed for independence. Programs are designed to offer different levels of support to a person in their efforts to achieve his/her highest level of well-being, while reducing costly hospitalizations by providing caring and skilled intervention in times of crisis. Services promote a person’s capabilities through

companionship, education, counseling, vocational training, and respite, and the duration of each person's stay is based on their individual needs. These programs are available to those individuals who are of 18 years of age or older.

- *Pearl Street Center, Hudson Falls:* A two session program was implemented during their “house meetings” reaching 12 residents and 2 staff. In partnership with Cornell Cooperative Extension of Washington County, “Water with a Twist and Water is Best” programs were implemented to encourage a decrease in sugar sweetened beverage consumption. “Blubber Burgers” program was also implemented. This program allows participants to visually learn the importance of lowering fat intake by measuring out fat grams that are in their favorite foods.

Housing First Wellness Program

Programming at the Hudson Falls site has remained consistent. The Housing First Wellness Program began November 6, 2014 with a series of programs to encourage healthful choice in nutrition and physical activity. By implementing the evidence based curriculum, “Be Healthy ~ Be Active Community Workshops” based on the Dietary Guidelines for Americans 2010 and the 2008 Physical Activity Guidelines for Americans, participants were offered 6 workshops titled:

- ✿ Enjoy Healthy Food That Tastes Great
- ✿ Quick, Healthy Meals and Snacks
- ✿ Eating Healthy On a Budget
- ✿ Tips For Losing Weight and Keeping It Off
- ✿ Making Healthy Eating Part of Your Total Lifestyle
- ✿ Physical Activity is Key to Living Well



In 2014, a core group of 5 participated weekly and staff at the site have been very supportive to Public Health and encourage their tenants to participate in the Wellness Program. Some tenants have peaked an interest in programming and will sit in from time to time. Activities that have been added to sustain this group include: nominating a core group member as “Wellness Representative”, implementing “Germ Busters” program to reinforce healthy hand washing and hygiene especially during cold and flu season and team building activities to encourage healthy communication group decision making skills using challenge program games. Water With a Twist/Water is Best and Blubber Burgers has also been presented.

This Wellness Program has become a sustainable group going into 2015. Programming will continue going forward but activities will become more of a responsibility of the group. For example, group programming will be held bi-monthly with Public Health facilitating. The “Wellness Representative” will be responsible for maintaining resources on off weeks and encourage tenants to continue working on healthy behavior changes with resources provided by Public Health. A walking program will also be run by the Wellness Representative and supported by Public Health. Spring into Motion will begin April 1, 2015. The Housing First staff and tenants are looking forward to this.



Coalitions/Councils & Initiatives

Domestic Violence Workplace Initiative (DVWI)

DVWI is a project of the Domestic Violence Community Coordination Council (DVCCC), which is convened by the Domestic Violence Project of Warren & Washington Counties, a program of Catholic Charities. DVWI is a community based group of leaders and victims' advocates in Warren and Washington County working together to raise awareness and provide tools to address domestic violence in the workplace.

- ✿ Attended regular DVWI meetings with Jeanne Noordsy of the Domestic Violence Project
- ✿ Designed quarterly newsletter
- ✿ Promoted, hosted and facilitated work site training opportunities for domestic violence and provided DVWI Tool Kits to assist in supporting staff with domestic violence as a "workplace issue"
- ✿ Participated in the 2014 Wear Purple Day for Domestic Violence Awareness. Washington County agencies were asked to send a picture of their office wearing purple. Agencies that sent pictures to be posted on the Office for Prevention of Domestic Violence facebook page were the District Attorney's office and Real Property.



Healthy Communities Coalition of Washington County

In the fall of 2009, Washington County Public Health applied and received a non-competitive grant which ultimately resulted in the formation of this group. The Healthy Communities Coalition of Washington County is county-wide coalition made up of community stakeholders interested in making Washington County a healthier place to live, work, learn, and play. After recognizing similarities of others in Washington County, the Healthy Communities Coalition is moving forward as a resource sharing group and also assisted Public Health with the Community Health Improvement Plan and Community Health Assessment process.

The Coalition played a vital role in the development of the Washington County Community Health Improvement Plan (CHIP) to address the prioritized community health needs of the residents, communities, and families within the Washington County service area. The two priority areas and specific focus areas are:

- ✿ Chronic Disease
 - Reducing Obesity in Children and Adults
 - Reduce Illness, Disability, Diagnosis, and Deaths Associated with Tobacco and Second Hand Smoke Exposure
- ✿ Promote Mental Health and Prevent Substance Abuse
 - Prevent Substance Abuse and Mental Emotional Behaviors

As of December 31, 2014, Coalition members partnering to address the prioritized and focus areas within the CHIP report that performance outcomes are being met on schedule.

Hometown Vs. Heroin & Addiction Coalition of Warren/Washington County

The Hometown Vs. Heroin & Addiction Coalition of Warren/Washington County was formed in March of 2014 to address the misuse and abuse of opiates and heroin within our borders. We are community stakeholders working together to provide awareness, education and hope in the battle of heroin and opiate addiction.

Activities completed in 2014:

- ✿ Designed and distributed approximately 2000 “Cherish Your Life” silicone bracelets at each coalition sponsored event including events that Public Health partnered.
- ✿ July 23, 2014: Community Forum at Hudson Falls High School which was well received with over 150 attendees. Health Educator designed an outreach display at the forum focusing on Addiction & Public Health. This display was included in the Post Star response to the event where they expressed support of the coalition and its efforts in Washington County.
- ✿ September 5th and December 17th of 2014 hosted Narcan trainings in efforts to decrease local opiate overdose mortality.
- ✿ September 17th and December 20th of 2014 hosted community views of the documentary “Anonymous People” at the Crandall Library and the Gospel Lighthouse Church in Hudson Falls.
- ✿ By the end of 2014 several presentations were given to Washington County Town Boards by Washington County Sheriff Murphy, District Attorney Tony Jordan, and Mike Gray, Director of Washington County Youth Bureau to share the severity of the current opiate and heroin epidemic in Washington County.
- ✿ “Steps to Hope” Nar-anon family support group was started to support parents and family members who are effected by the current opiate and heroin abuse crisis in Washington County.
- ✿ Partnered to host training on Designer Drugs including opiates. This training offered OASAS credits and was facilitated by M.Sgt. Candace Stefanik of the New York Counterdrug Task Force. This training was an update for those working in the home and with families in Washington County.
- ✿ Was awarded \$1,000 in mini-grant funds from the Washington County District Attorney’s office to pay for the printing of the coalition brochure designed by the Hometowns vs. Heroin & Addiction messaging sub-committee. With the funding, the group was able to have 5000 brochures printed to work towards the coalition mission.



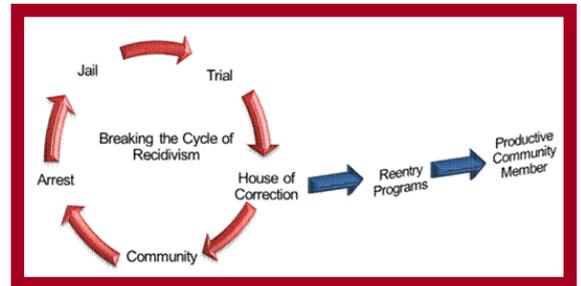


Washington County Jail Inmate Rehabilitation Initiative:

Fighting Recidivism One Class At a Time

In the winter of 2005, Washington County Public Health and Washington County Jail began meeting quarterly to ensure the health and wellbeing of county inmates housed within the jail walls. This partnership has allowed for educational programming and preventative health services to be offered successfully for many inmates over the years.

On August 14, 2014 the committee meeting reached a new level. Not only do we want to continue our partnership and sustain programs and services, we want to redesign and reinvigorate our commitment to rehabilitating inmates and reduce recidivism at the Washington County Jail. The County Jail Committee meets quarterly to discuss program opportunities, health concerns within the walls of the jail, transitional planning and inmate support post release and public health medical services available to inmates and staff. The group is reinvigorated and successes include the addition of an evidence based Anger Management Program Pilot.



Anger Management Pilot

Washington County Public Health Education and The Council for Prevention Challenge Program, with support of the Warren/Washington County Hometown Vs. Heroin & Addiction Coalition, implemented a 12 week Substance Abuse and Mental Health Services Administration (SAMHSA), evidence based curriculum, titled *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy* to a pilot group (cycle 1) of 6-10 female inmates at the Washington County Jail. This intervention involved identifying personal triggers and recognizing cues to anger with the end result of developing an individualized anger control plan. Programming was implemented in a group setting on Friday mornings from 9:30 am – 11:00 am in programs. Additional time was secured in programs by program facilitators to ensure fidelity.

Why was this program proposed to the Sheriff? Within the walls of the County Jail, many inmates have disclosed issues of anger, trauma, substance abuse and mental illness. Addressing these issues while on the inside with effective structured programming is vital to the inmate survival on the outside. By participating in this evidence based program, inmates will not only address personal struggles and be given the opportunity to gain support to engage in healthier behaviors, the inmates will be discharged with the tools and resources to overcome obstacles that delay rehabilitation and increase recidivism.

Knowledge is Power Program (KIPP)

While in jail, inmates are encouraged to request programs for opportunities of growth and rehabilitation. Washington County Public Health has sustained a partnership that provides programs for male and female inmates on a variety of topics. In 2014, 81 inmates requested programs and gained knowledge in the following areas:

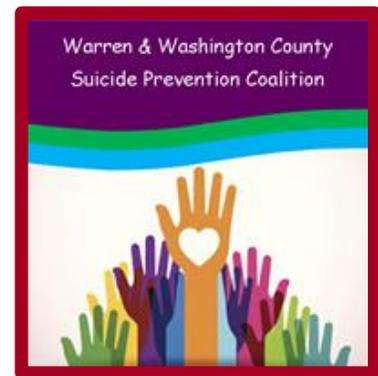
- ✿ The MADD Program was facilitated by Allison Reynolds of the Council for Prevention to 12 male inmates in 2014. This program was an opportunity to learn how to communicate with your child or teen about the risks of drugs and alcohol and the benefit of waiting until they are 21 years old
- ✿ Yellow Ribbon Suicide Prevention Program was implemented and was completed by 5 male inmates in 2014. The Light for Life Foundation International/Yellow Ribbon Suicide Prevention Program® is dedicated to preventing suicide and attempts by making suicide prevention accessible to everyone and removing barriers to help by empowering individuals and communities through leadership, awareness, education and partnership.



- ☀ Infection Control and Hygiene: Reinforcing healthy behaviors within the Pods is extremely important at the jail. Reminding inmates that it is their responsibility to stay healthy while inside by encouraging proper hand washing technique, daily cleaning of self and areas around them, and proper management of illnesses with standard precautions.
- ☀ HIV/Hepatitis Prevention was implemented and available for all Pods in 2014. With the opiate and heroin epidemic and the large population of inmates who have history of addiction, an understanding of diseases transmitted by risky behaviors associated with substance abuse is vital.
- ☀ Physical fitness and healthy eating was presented using “Choose My Plate”. This is an evidence based intervention that encourages wellness for anyone in any setting.

Warren/Washington County Suicide Prevention Coalition

This coalition has born on September 30, 2014 as a result of receiving \$4,000 in mini-grant funds from Mental Health Association of New York State for Suicide Prevention. Our mission is to prevent suicide in our community by educating the community about suicide prevention, providing resources and trainings to our schools and community members. We will work to increase awareness and reduce the stigma of getting help. We will strive to strengthen communication and coordination of services to support those impacted by mental illness and suicide. At the most recent regional meeting, the Coalition was praised for doing so much in such a short time.



2014 Activities Include:

- ☀ Designed a messaging campaign using face book.
- ☀ Created coalition mission, tag line and a rack card for outreach
- ☀ Hosted community viewings of “Here One Day” at SUNY Adirondack on November 13, 2014. A documentary directed by Kathy Leichter, about Kathy herself, and how she waited 20 years to listen to audio tapes her mother left behind after her suicide, and learns her mother struggled with mental illness for years.
- ☀ Monthly meetings are held on the last Tuesday of each month.
- ☀ Coming in 2015: Safe TALK; ASIST (Applied Suicide Intervention Skills Training 2 day); Connect Suicide Post-vention Training; Youth Mental Health First AID.



School Health Advisory Council

Hudson Falls Central School District (HFCSD) School Health Advisory Council or SHAC meets quarterly to address the overall wellness of students, staff and the district's communities. Representation includes administration, teachers, social workers, nurses, parents, students and community members. The vision of SHAC is to work with staff, students, families and the community to empower them to become healthier individuals who are better learners and higher achievers through a coordinated system that addresses all eight coordinated school health

components.

SHAC partnered with Washington County Public Health in support of the Community Health Improvement Plan 2013-2017. The group agreed to support the goal of families residing within the Hudson Falls Central School District will have a better understanding of mental emotional behaviors (MEB's), substance abuse and resources available to support the well-being of Washington County communities by 2017. Activities to support this goal were as follows:

- ✿ Promote and facilitate Sources of Strength (S.O.S.) Suicide Prevention Program at HFCSD
 - SHAC members divided into sub-groups to update the current suicide Safety Policy. The policy was reviewed in the following segments: Introduction/Purpose/Prevention and Appendix A & B, Assessment and Referral, Post-vention and Parent Engagement/Community Support
- ✿ Partner with county agencies to support and refer students and families to mental health services.
- ✿ Capital District Psychiatric Clinic North Site
 - The end of 2014 marked year 2 of 3 completed of the 21st Century Community Learning Center grant. Programs available for district students included: Freshman Seminar, Peer Learning Center, After-School Programs, Family Fun Night, Counseling Services, Student Ambassadors, and the Adirondack Vet House. All programs reported success with participation and engagement. Monies will be reapplied to continue success within the district.
- ✿ Encourage consistent enforcement of Dignity for All Students Act (DASA)
- ✿ Continued to support implementation of Students Against Destructive Decisions (SADD), Teen Awareness Group (TAG), and other youth centered programs.
- ✿ Students' grades 6-12 completed the Council for Prevention Substance Abuse Survey in November 2014. 959 valid responses were received with the top 3 reported substances of abuse being alcohol (33.8%); Marijuana (21.1%); Prescription Pain Relievers (6.2%).

Washington County HIV Counseling & Testing Program

- ✿ Washington County Public Health HIV Counseling and Testing Program is managed to meet NYS Department of Health regulations and state HIV confidentiality and testing laws.
- ✿ 7 HIV counseling and testing sessions were conducted at Public health. 4 Counseling and testing sessions were conducted confidentially and 3 were anonymous. HIV counseling and Rapid Testing is offered to the public by appointment at Washington County Public Health Monday through Friday. Anonymous and confidential testing is conducted using the Rapid HIV ½ Testing Kits and test results are available in 20 minutes. Testing may be conducted on oral fluids, via venipuncture, or finger stick.
- ✿ 19 HIV counseling and testing sessions were conducted at the Warren/Washington County Free Walk-in HIV/STD Clinic at Warren County Health Services. 6 Testing sessions were conducted confidentially and 13 testing sessions were conducted anonymously. May 6, 2014 was the last clinic that Washington County Public Health conducted counseling and testing at this clinic site. The Ryan White Program has taken this task over; however, this remains available to the public as before.
- ✿ HIV counseling and testing is currently available to all inmates and staff at the county jail on a prn basis. No counseling and testing sessions were conducted in 2014.



- ✿ Washington County Public Health continues to follow policy and procedure in place for Mandated Court Order HIV Counseling and Testing for Victims of Sexual Assault. No court orders were received requesting the perpetrator of a sexual assault be ordered to be tested for HIV per the request of the victim in 2014.
- ✿ Conducted annual HIV Confidentiality to 18 Public Health employees in accordance with New York State regulations.
- ✿ Provided 30 home health aides of Greater Adirondack Home Health Aides (GAHHA) with an annual HIV Confidentiality training at Glens Falls Hospital.

Water is Best, Hydrate 4 Health

The “Water is Best” campaign was designed by health educators to encourage county employees to decrease sugar sweetened beverage consumption and increase their daily water intake. Programming to promote this campaign was also implemented at the county jail, WWAMH Pearl Street Center and Housing First sites and with life skills students at WSWHE BOCES. Support materials such as brochures and posters have been shared to reinforce the message. A special event is scheduled to be held during the 2015 Washington County Worksite Wellness Event on May 7th. County employees can sign up to gain health one bottle of water at a time. All participants will be given an Infusion water bottle and resources pertaining to increasing water intake and the importance of hydration.



Perinatal HIV Transmission

Consenting to HIV counseling and testing is strongly encouraged for all pregnant women. HIV counseling and testing is offered multiple times throughout prenatal care due to the window period for testing of HIV. New York State Department of Health at the AIDS Institute defines the HIV window period of testing as the amount of time the human body needs to respond, once exposed to the HIV virus, to produce antibodies that would be detected when testing for HIV. The human body will produce enough antibodies for accurate test results within 1-3 months of the person's last possible exposure to the HIV virus.

Although it is not mandatory for a pregnant woman to consent to HIV counseling and testing in New York State, it is strongly encouraged by their prenatal care provider. It is however mandatory for the baby to be tested at birth. When a baby is born, a heel stick testing procedure for numerous illnesses, including HIV, will be conducted. If the baby's test is positive at birth for HIV, this result reflects the mother's result up to 18 months of baby's life. After 18 months of age, if baby tests negative for the HIV virus, the baby's test result can be considered reliable. If after 18 months of age, baby still tests positive for the HIV virus, medical intervention and case management services are strongly recommended.

Washington County has integrated HIV education, risk assessment, counseling and referrals within the county's Maternal Child Health Program. In the event that a mother is positive for the HIV virus during pregnancy, the Public Health nursing staff try to ensure that the mother is utilizing all services available for optimal health outcomes for mother, baby and significant other.

Perinatal Hepatitis B

Women are routinely screened for Hepatitis B as part of prenatal blood work. In the event the pregnant woman tests positive for Hepatitis, the information is transferred by the physician to the hospital where the mother plans to deliver to assure that the infant receives treatment after birth,



before the child is discharged. In these cases, a mechanism is in place where a referral is made to the local health department to assure that the child continues to receive Hepatitis vaccine on a timely basis. Reports are submitted for statistical tracking to New York State Department of Health whenever a case is identified.

Hepatitis B is a virus that affects the liver. It is transmitted through contact with infected blood and body fluids. Pregnancy and Hepatitis B combined can put the baby at risk for contracting the virus. Prenatal testing for Hepatitis B is important because there are interventions to prevent or minimize the baby's chance of contracting Hepatitis B. When women are identified, they are followed through pregnancy and up to a year after delivery. During the pregnancy, goals include promoting a healthy pregnancy and preventing transmission to the woman's partner and others. They are given the opportunity to verbalize fears and ask questions. Information on the virus, transmission, prevention, and general health are discussed and reinforced. Also during pregnancy possible contacts are identified and offered prophylaxis. The goal at delivery is to prevent Hepatitis B transmission to baby. Within twelve hours of delivery, the baby receives Hepatitis B Immune Globulin and the first dose of the Hepatitis B vaccine series. The other two are given at one month and 6 months of age. When the child is 1 year old, a blood serology is done to determine the effectiveness of the prophylaxis. If there are adequate antibodies, the case is discharged. If there are insufficient antibodies, a booster dose is administered or the series is started again. This will prevent or minimize the child's chances of contracting Hepatitis B. Public Health has an exciting role in the prevention of Hepatitis B transmission from mother to baby. Through education efforts and prophylaxis, disease can be prevented. There were no cases of Perinatal Hepatitis B transmission in 2014.

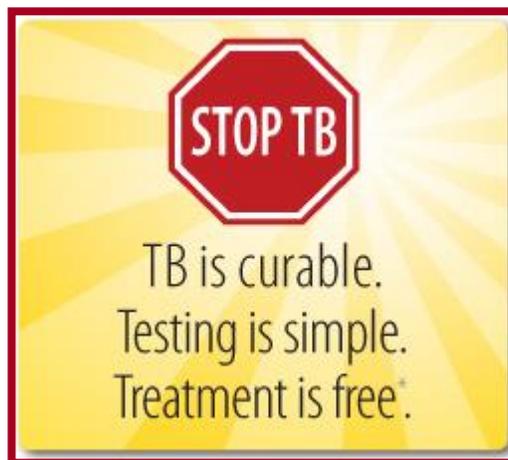
Tuberculosis Program

In 2014 Washington County investigated 1 active case of Tuberculosis. The case investigation required multiple close contact investigations as well as providing Tuberculin skin testing for suspected contacts. Throughout the investigation Washington County Public Health provided support and resources to several other health care agencies.

In May 2014 Washington County entered a contractual partnership with Saratoga County Chest Clinic to provide Tuberculosis consultation and treatment for residents of Washington County. In 2014, 12 Washington County residents had been seen by Dr. Desmond DelGiacco at the Saratoga County Chest Clinic.

All individuals with positive skin resting results are offered recommendations for additional diagnostic testing. Washington County provides follow-up for anyone testing positive and provides payment for preventive or current disease in those diagnosed. All clients are interviewed by the Infection Control Nurses. Residents with positive skin tests are referred to Saratoga County Chest Clinic. The New York State Department of Health acts as a consultant agency during this type of investigation.

Routine skin testing for employment or college requirement is also provided to community residents during the weekly immunization clinics.



Women, Infant and Children's Nutrition Program – "WIC"

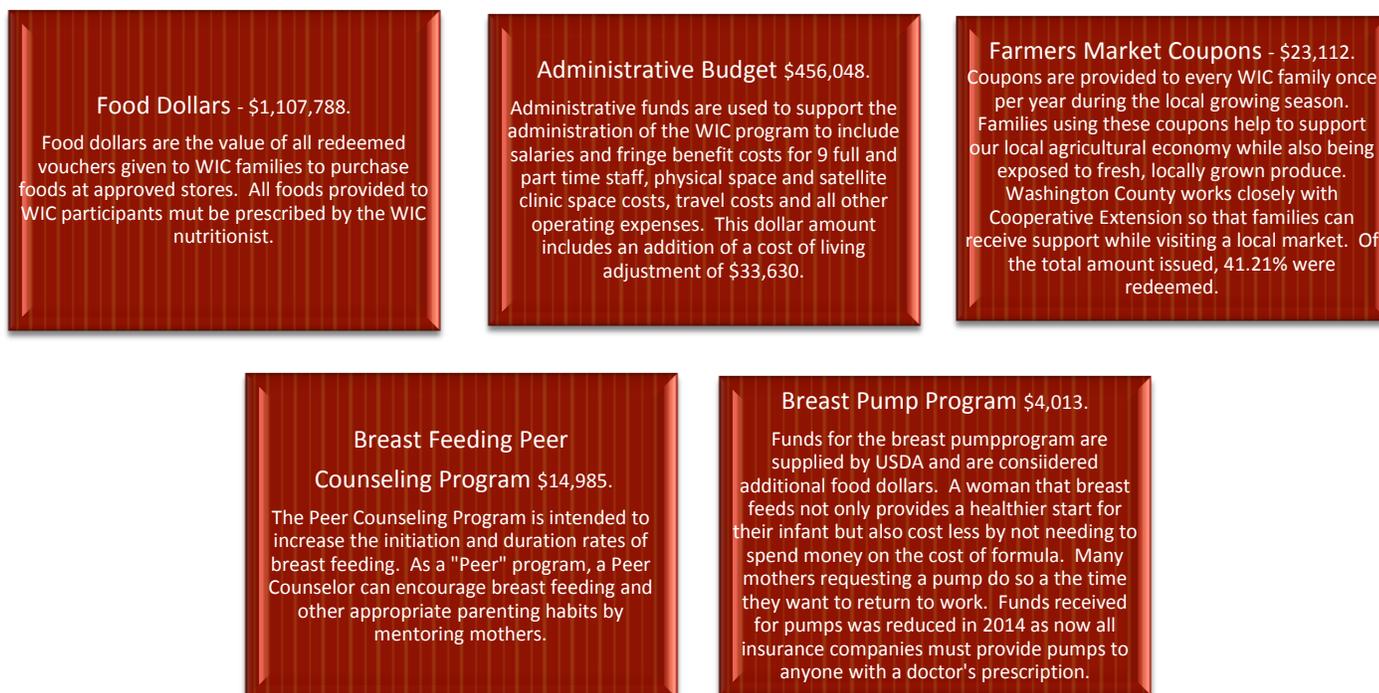
The WIC Program is a short term intervention program designed to improve the lifelong nutrition and health choices of pregnant and breast feeding women, infants and children to age five years. WIC is a United States Department of Agriculture Program (USDA).

The goals of the WIC Program are to:

- ✿ Improve pregnancy outcomes
- ✿ Reduce the incidence of obesity in children
- ✿ Support and encourage breast feeding as the preferred method of infant feeding
- ✿ To promote healthier habits by encouraging healthier lifestyle choices

In 2014, there were 93 WIC Programs sponsored by various health and medical providers in New York State. In Washington County, WIC is sponsored by Washington County Public Health. To be eligible for WIC, a family must be at or below the 185% of the poverty guidelines.

Funding for the Washington County WIC Program is approximately 82% USDA and 18% New York State. Washington County is reimbursed 100% for sponsoring the WIC Program. In 2014, the cost of operating Washington County WIC was \$1,573,358. The following shows the breakdown of how those funds are allocated:



The WIC Program saves money by improving the health of our growing families. Pregnant women enrolling in WIC have fewer premature, low birth weight infants. They consume more key nutrients such as iron, protein, calcium and Vitamins A and C. WIC reduces the risk for poor birth outcomes, therefore, reducing costs associated with delivery of a premature or low birth weight baby. WIC also helps to ensure children's normal growth, reduces the incidence of anemia and other health problems caused by poor diet. The rate of obesity in the WIC children of Washington County is lower than in the general population.

Families on WIC acquire healthier habits that can last throughout life. WIC accomplishes this by providing nutrition education, healthy foods and counseling and referrals to other needed services. The WIC food package includes foods such as whole grains, low fat dairy and fruits and vegetables. Children on WIC have the opportunity to develop healthier habits that may last them a lifetime.

Breast Feeding Promotion and Support

Washington County receives a portion of its funds to promote breast feeding as the preferred method of infant feeding. Research shows that breast feeding provides health benefits to both the mother and her infant, therefore, helping to reduce their overall health care costs. Breast feeding lowers a child’s risk for obesity, Type 2 Diabetes and Asthma.

In WIC, we monitor breast feeding initiation rates and also duration of breast feeding. The Healthy People 2020 goal is to have a greater than 80% initiation rate. This means that 80% of all babies being born will be breast fed. Many factors can affect a mother’s success with breast feeding. WIC has a great impact on women choosing to breast feed their babies and also on supporting them to breast feed longer, ideally to the infant’s first birthday.

Washington County has the Breast Feeding Peer Counselor Program, a breast pump loan program and also offers extra foods to the mothers choosing to breast feed their infants. Since 2007, Washington County has improved their initiation rates from 48% to the current rate of 71.9%. It continues to gradually increase.

Washington County WIC has always been successful in serving the residents of Washington County. According to New York State’s Estimated Need Report by County, Washington County provides benefits to approximately 65% of the families that are eligible for WIC. The New York State average being served is less than 50%.



 <p>Hudson Falls</p> <ul style="list-style-type: none"> • Annex Bldg II • Monday thru Friday • Saturday by app't • 1,198 Served 	 <p>Granville</p> <ul style="list-style-type: none"> • Baptist Church • 1st Tuesday Monthly • 178 Served 	 <p>Cambridge</p> <ul style="list-style-type: none"> • Village Offices • 1st Tuesday, Monthly • 118 Served 	 <p>Whitehall</p> <ul style="list-style-type: none"> • Recreation Center • 4th Tuesday, Monthly • 114 Served 	 <p>Greenwich</p> <ul style="list-style-type: none"> * Town Office Bldg * 3rd Tuesday, Jan, Feb, Apr, May, July, Aug, Oct, Nov. * 83 Served 	 <p>Salem</p> <ul style="list-style-type: none"> * United Presbyterian Church * 3rd Tuesday, March, June, Sept., Dec. * 49 Served
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All Hazard Disaster Preparedness Planning

Washington County Public Health and WIC participated in both tornado and earthquake drills. Two drills were held in the Public Health Annex Building, one with the staff of WIC. The earthquake drill was held in accordance with National Shake Out Week to increase awareness about earthquakes. Information from these drills provided additional awareness and guidelines for the staff and additional training was provided.

While no formal POD drill was required in 2014, Washington County Public Health began planning for a large scale medical countermeasure (MCM) drill which is required to be held in 2015. Other areas community organizations have been included in the planning for the MCM drill included several special needs groups. Washington County continues to work closely with many regional partners for comprehensive emergency planning and collaboration, and regularly attends tabletop exercises with the Glens Falls Hospital.

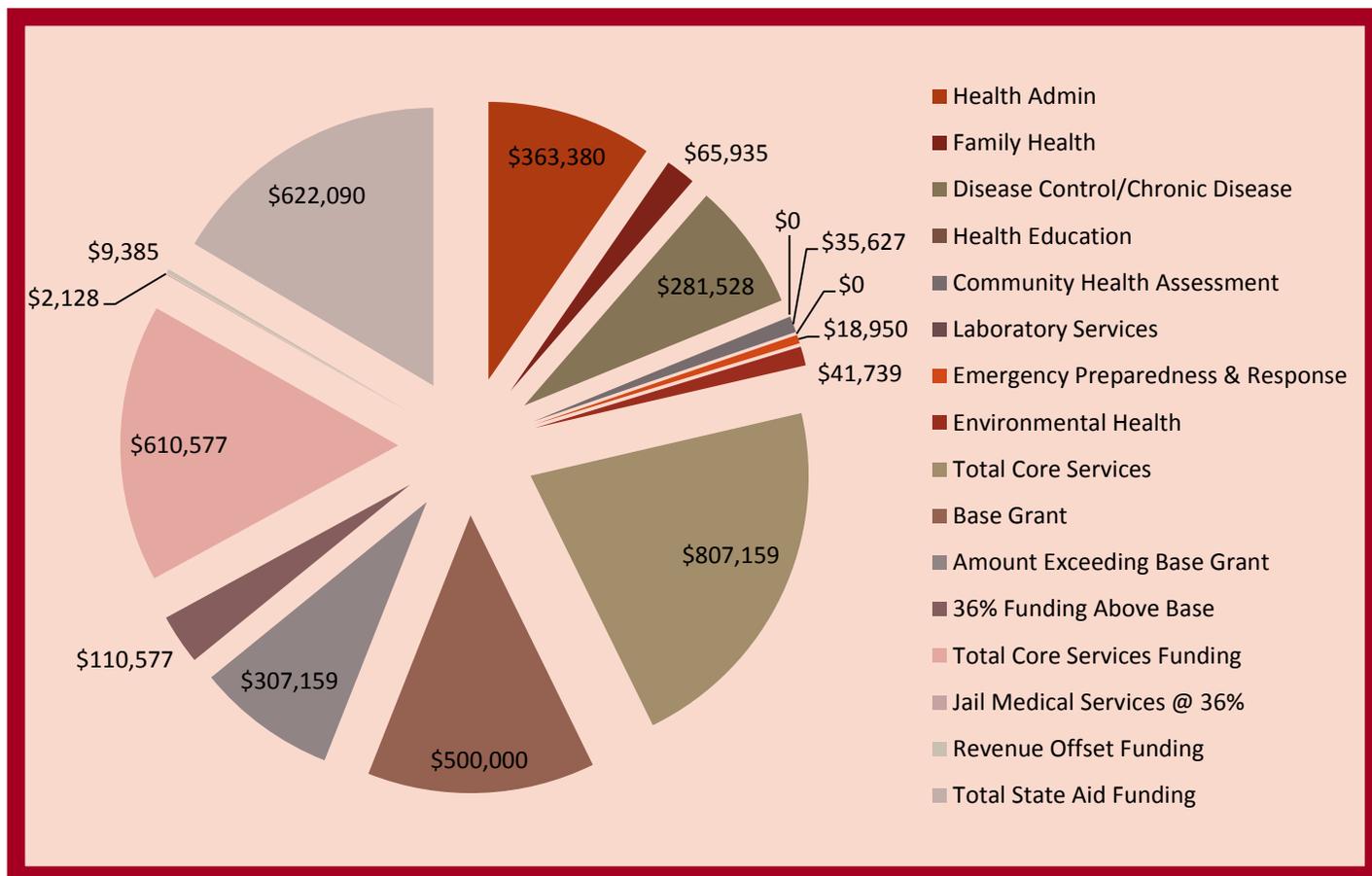




Visits By Town 2014

Argyle	54
Cambridge	14
Dresden	0
Easton	0
Fort Ann	46
Fort Edward	132
Granville	58
Greenwich	30
Hampton	7
Hartford	7
Hebron	5
Jackson	3
Kingsbury	151
Putnam	2
Salem	41
White Creek	2
Whitehall	35
TOTAL	587

STATE AID FUNDING ANALYSIS 2014



Family Health consists of the following: Child Health, Maternal and Infant Health, and Reproductive Health

Disease Control/Chronic Disease consists of the following: Arthropod, General Communicable Disease, Immunization, Rabies, STD/HIV, and Outpatient Tuberculosis

Environmental Health consists of: Injury Prevention and Control and Lead Poisoning Prevention

Per Article 6 guidance from New York State Department of Health, Health Education and Laboratory Services are no longer distinct categories but are distributed throughout the other categories.

Also per Article 6 guidance from New York State Department of Health, Emergency Preparedness is now a stand-alone category and Injury Prevention and Lead Poisoning were moved to Environmental Health.

Another change in 2014 was the revenue offset and jail medical services funding is now separately reported on the claim.

The significant increase in the State Aid Funding from 2013 to 2014 is due to a reallocation of the Administrative costs to Public Health. In the previous year a significant amount of administrative time was spent on the closure of the Certified Home Health Agency, Long Term Home Health Care Program, and Hospice.